



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 16 JULY 2018 AT 7.00 PM**

Manjeet Gill
Interim Chief Executive
Published on 6 July 2018

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Parry Bath
Kate Haines
Abdul Loyes
Bill Soane

Jenny Cheng
John Jarvis
Ken Miall

Andy Croy
Clive Jones
Rachelle Shepherd-DuBey

Substitutes

Prue Bray
Mike Haines

Rachel Burgess
Ian Pittock

Carl Doran
Malcolm Richards

| ITEM NO. | WARD | SUBJECT | PAGE NO. |
|----------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. | None Specific | ELECTION OF CHAIRMAN 2018-19 To elect a Chairman for the 2018-19 municipal year. | |
| 2. | None Specific | APPOINTMENT OF VICE CHAIRMAN 2018-19 To appoint a Vice Chairman for the 2018-19 municipal year. | |
| 3. | | APOLOGIES To receive any apologies for absence | |
| 4. | None Specific | MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 7 March 2018. | 5 - 10 |
| 5. | | DECLARATION OF INTEREST To receive any declarations of interest | |
| 6. | | PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions | |
| 7. | | MEMBER QUESTION TIME To answer any member questions | |

- | | | | |
|-----|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 8. | None Specific | <p>CHILDREN'S EMOTIONAL AND MENTAL HEALTH SERVICES To receive an update on Children's Emotional and Mental Health services <i>(30 mins)</i></p> | 11 - 34 |
| 9. | None Specific | <p>AIR QUALITY AND HEALTH To receive an update on Air Quality and Health. <i>(20 mins)</i></p> | 35 - 46 |
| 10. | None Specific | <p>HEALTHWATCH WOKINGHAM BOROUGH ANNUAL REPORT To receive the Healthwatch Wokingham Borough Annual Report. <i>(15 mins)</i></p> | 47 - 58 |
| 11. | None Specific | <p>FORWARD PROGRAMME 2018-19 To receive the forward programme for the remainder of the municipal year. <i>(5 mins)</i></p> | 59 - 70 |

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 7 MARCH 2018 FROM 7.00 PM TO 8.55 PM

Committee Members Present

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Parry Bath, Laura Blumenthal, John Jarvis, Clive Jones, John Kaiser, Malcolm Richards, Chris Smith and Bill Soane

Others Present

Nicola Strudley, Healthwatch Wokingham Borough
Mike Haines
Madeleine Shopland, Democratic & Electoral Services Specialist
Hayley Rees, Category Manager, Prevention & Early Intervention
Paul Senior, Interim Director People Services
Kim Wilkins, Specialist Strategy & Commissioning (People)
Martin Sloan, Head of Service, WISH
Dr Debbie Milligan, Wokingham CCG

42. APOLOGIES

There were no apologies for absence.

43. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 22 January 2018 were confirmed as a correct record and signed by the Chairman.

Councillor Jones commented that with regards to the update on the potential impact of the 21st century council programme on health and social care, he had asked whether staff currently in departments such as Highways would be expected to take phone calls relating to matters such as children's services. With regards to the Healthwatch consultation, Councillor Jones felt that the strength of the Committee's objection to the proposal to work in partnership with Reading Borough Council to explore a single commissioning exercise to secure a Healthwatch service across Reading and Wokingham, could be made clearer. Councillor Smith commented that the Minutes were a summary and not a verbatim record of the meeting.

44. DECLARATION OF INTEREST

There were no declarations of interest.

45. PUBLIC QUESTION TIME

There were no public questions.

46. MEMBER QUESTION TIME

There were no Member questions.

47. UPDATE ON GP ALLIANCE

Dr Debbie Milligan, Wokingham Clinical Commissioning Group (CCG), updated Members on the Wokingham GP Alliance.

During the discussion of this item the following points were made:

- Many practices within the Borough had signed up to a GP Alliance to work together in order to achieve a sustainable model of General Practice.
- Members asked who sat on the Wokingham GP Alliance Board and were informed that Dr James Kennedy and Dr Dan Alton (Wargrave Practice), Dr Amit Sharma (Brookside Practice), Dr Husein Hafizji (Wokingham Medical Centre) and Dr Rupa Joshi (Woodley Surgery) formed the Board. In response to a Member question regarding decision making Dr Milligan commented that it was a working Board and that decision making was via the practices.
- The Committee was informed of matters which the GP Alliance were working on including 7 day working, hub working and muscular skeletal services.
- With regards to 7 day working, Councillor Miall questioned whether a GP would be available every day a week. Dr Milligan explained that GPs and other staff would be available at a surgery within each cluster at weekends. It was anticipated that this would rotate around the cluster. Councillor Jones stated that it may be difficult for some people to travel by public transport to other parts of a cluster, for example Woodley to Wargrave, on a Sunday. Dr Milligan commented that in practice it worked well.
- Councillor Miall asked whether a more restricted service would be provided at weekends. Dr Milligan indicated that a mixture of routine and emergency appointments would be offered. Weekend emergency appointments were currently provided via Westcall. It was important to ensure that there was not an overlap in provision.
- Members were informed that the northern cluster was trialling paramedics undertaking home visits. GPs would continue to also undertake home visits, particularly for chronic incidents and where it was important for continuity such as for patients requiring end of life care or who had dementia. Councillor Soane questioned what impact this would have on paramedics' emergency work and was notified that there was a complete separation in Wokingham and that the paramedics were employed directly by the practices.

RESOLVED: That

- 1) the update on the GP Alliance be noted;
- 2) Dr Milligan be thanked for her update.

48. UPDATE ON PRIMARY CARE FACILITIES AND ESTATES

Dr Milligan updated the Committee on primary care facilities and estates.

During the discussion of this item the following points were made:

- The extension at the Finchampstead Surgery was now completed and patients from the Arborfield area were starting to register with the surgery. The extension at Swallowfield Surgery was due for completion shortly and the practice was starting to take patients from the Shinfield area.
- With regards to Barkham the CCG had been advised that approximately 1,000 additional homes would be built in the area. Finchampstead and Swallowfield practices felt that they would be able to absorb the resulting new patients. Councillor Kaiser disputed this and emphasised that it would be approximately 3,500 new homes. Clarification was sought on the provision of information about the anticipated number of additional homes in Barkham.
- Dr Milligan stated that patients once registered with a surgery tended not to move to another in the same area.

- In response to Member comments regarding primary care facilities to serve Arborfield, Section 106 funding and the need for communication between the Council and health colleagues, the Interim Director People Services commented that the Wokingham Integrated Strategic Partnership were having discussions around the integration of health and social care.

RESOLVED: That

- 1) the update on primary care facilities and estates be noted;
- 2) Dr Milligan be thanked for her update.

49. LOCAL GOVERNMENT OMBUDSMAN - PUBLIC REPORT

It was agreed that this report would be considered in Part 2 session as it contained sufficient narrative for individuals to be identified.

50. LOCAL HEALTHWATCH FOR READING AND WOKINGHAM

The Committee received a report regarding Healthwatch services for Reading and Wokingham.

During the discussion of this item the following points were made:

- Under the Health and Social Care Act 2012 local authorities were required to establish a Local Healthwatch (LHW) in their areas as a consumer champion for healthcare and social care services.
- Reading Borough Council and Wokingham Borough Council had undertaken a public consultation between 19 December 2017 and 6 February 2018 on a proposal to commission a LHW service for both areas at a cost of £173,000. 109 responses had been received as well as a number of letters. Overall 58% of consultation respondents either disagreed or strongly disagreed with the proposal to bring together the Reading and Wokingham Healthwatch Services as a single service. Consultation feedback highlighted that many people were keen to stress the importance and value of a Local Healthwatch having a very local identity.
- Hayley Rees, Category Manager Prevention & Early Intervention outlined the two main options proposed post consultation:
 - Option 1: To continue to work in partnership with Reading Borough Council on a single commissioning exercise to secure a Local Healthwatch service across Reading and Wokingham;
 - Option 2: Wokingham Borough Council (WBC) to undertake a commissioning exercise to secure a Local Healthwatch service across Wokingham – with a local contract and local contract monitoring.
- The Category Manager Prevention & Early Intervention commented that should Option 2 proceed the Council would need to do more work with the current Healthwatch provider regarding costings of elements of the service.
- Alternative options which had been considered and which were less supported were highlighted including:
 - Recommissioning Local Healthwatch services for Reading and for Wokingham as a completely unified service;
 - Working in partnership with Reading Borough Council to commission a Healthwatch function through a single framework for services to be delivered in both areas. Under this option, two 'lots' could be specified and potential

providers would be invited to bid to deliver a Local Healthwatch service for Wokingham or a Local Healthwatch service for Reading or both;

- Each Council to re-commission its own Local Healthwatch service, offering contracts for 80% of the current price to secure savings. This would result in two very small contracts with providers having less resilience to changes such as staff absence or turnover.

- Members were asked for their views on the two main options.
- Councillor Smith commented that he felt that Option 1 should not be proceeded with. He went on to question why the consultation had finished in February when the current contract ceased on 31 March. The Category Manager Prevention & Early Intervention stated that a wider review of the voluntary sector, including Healthwatch services, had begun in March 2017. This had covered 35 services and had taken place over two phases. A report had been taken to Executive and it had been agreed that transitional arrangements could be put in place to secure procurement arrangements if required, on the outcome of the review. Some of the recommendations regarding the Local Healthwatch had been delayed due to changes in senior management. The Interim Director People Services assured the Committee that as accountable officer he was ensuring that this was being progressed.
- Councillor Blumenthal asked who had proposed the joint commissioning of the Reading and Wokingham Healthwatch services. The Category Manager Prevention & Early Intervention indicated that the Berkshire councils met regularly to discuss joint commissioning. Initial proposals had included West Berkshire Council who had not wished to proceed with this option. Discussions had continued with Reading Borough Council.
- The Committee felt that Members should have been informed earlier in the process. It was noted that a paper had been circulated to the Health Overview and Scrutiny Committee in November 2017.
- Councillor Blumenthal questioned who would take the decision regarding how to proceed and was informed that it would be the Interim Director of People Services in consultation with the relevant Executive Member.
- Councillor Soane asked about the turnout at the meetings with the public and providers regarding proposals. Kim Wilkins, Specialist Strategy & Commissioning (People) indicated that attendance had been very low. Members asked for information such as a breakdown of the demographics of those who had responded.
- Councillor Jones commented that he felt that the current provider should be continued with and the budget increased. He asked when the Healthwatch funding budget had last been increased. The Category Manager Prevention & Early Intervention commented that the contract had begun in 2013 and that the budget had not been increased since. Nationally, Healthwatch funding had reduced by 19.9%. In addition funding for many other voluntary sector organisations had reduced.
- Members asked what procurement regulations meant that the contract could not simply be renewed. The Category Manager Prevention & Early Intervention stated that the Council's Constitution stated that contracts over £50,000 must be put out to market and tested. This reflected current procurement legislation. The Committee requested updates on the procurement process.
- The direct award of a 6 month block contract to the current service provider was noted. Some Members felt that a longer period of time should be agreed. The Interim Director of People Services indicated that 6 months was in line with formal due process and was proportionate.
- Councillor Richards asked whether there had been complaints regarding service quality and was informed that there had not.

- Members emphasised that the delivery of the Healthwatch service relied greatly on the support of volunteers.
- The Interim Director of People Services emphasised that Wokingham was a small unitary council and the worst funded local authority in the country. The public sector landscape was changing and the Council had to be sure that it received the best return on its investments and the best outcome for its residents.
- Councillor Kaiser asked why joint commissioning with the Royal Borough of Windsor and Maidenhead Council had not been considered. Officers indicated that there had been discussions 18 months previously regarding a cross Berkshire Healthwatch service but this was not considered consistent with the Sustainable Transformation Plan footprint. Bracknell Forest Council and Royal Borough Windsor and Maidenhead Council had worked together.
- Councillor Jarvis commented that Reading and Wokingham had very different demographics and questioned the viability of bringing together the Reading and Wokingham Healthwatch Services as a single service.
- The Specialist Strategy & Commissioning (People) emphasised that the functions of the Healthwatch service were mandatory but that the model of delivery would vary between areas.

RESOLVED: That

- 1) Option one for the commissioning of the statutory LHW for Wokingham be noted and that it be noted that the Committee did not support this option;
- 2) Option two for the commissioning of the statutory LHW for Wokingham be noted;
- 3) the direct award of a 6 month block contract to the current service provider, Healthwatch Wokingham Borough CIC, to ensure that Wokingham Borough Council can continue to deliver the Healthwatch Service - which is a statutory duty under the Care Act, be noted;
- 4) Hayley Rees and Kim Wilkins be thanked for their presentation.

51. HEALTHWATCH UPDATE

Nicola Strudley presented a summary of the Healthwatch report regarding the multi Healthwatch visit to Prospect Park, the recommendations and the response from providers.

During the discussion of this item the following points were made:

- Healthwatch Wokingham Borough had coordinated all six Berkshire Healthwatches to undertake a set of eleven visits to Bluebell, Daisy, Rose and Snowdrop wards at Prospect Park over a week in October 2017. 41 adults in total had been spoken to.
- Members were informed of a CQC inspection which had taken place previously and recommendations for improvement which had come out of it.
- Volunteers who had visited Prospect Park had received training prior to the visit and familiarisation visits had also taken place.
- Patients that spoke to Healthwatch had been highly complementary of staff. However, resources were stretched.
- Many patients had said that they felt that Prospect Park was a safe space. However, Nicola Strudley commented that there was less of a sense of a therapeutic input.

- It was felt that continuation of care once patients left the hospital and used community services, could be improved.
- Councillor Miall questioned whether older and younger patients were placed in the same wards. Nicola Strudley commented that Rowan Ward was specifically for dementia patients and Campion Ward was specifically for those with learning difficulties. Otherwise adult patients of all age groups were in the same wards.

RESOLVED: That

- 1) the update on the work of Healthwatch Wokingham Borough be noted;
- 2) Nicola Strudley be thanked for her presentation.

52. HEALTH CONSULTATIONS

Members were informed of a consultation regarding the Care Quality Commission's next phase of regulation – independent healthcare providers. Councillor Blumenthal requested a definition of independent healthcare providers.

RESOLVED: That the health consultation be noted.

53. EXCLUSION OF THE PUBLIC

RESOLVED: That under Section 100A(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act (as amended) as appropriate.

54. LOCAL GOVERNMENT OMBUDSMAN'S REPORT

Martin Sloan, Head of WISH, updated the Committee on a report issued by the Local Government Ombudsman.

RESOLVED: That the Local Government Ombudsman Report be noted.

Children’s Emotional and Mental Health

Summary

This paper provides an overview of the children’s emotional and mental health services in the Borough from People Commissioning team, it provides an introduction to the draft emotional and mental health strategy for Wokingham Borough Council. The paper provides information on the current data trends with the increasing demand and high demand for anxiety support and for issues relating to ASD and ADHD. Finally the paper provides and insight into the proposed future commissioning plans.

What Does the Mental Health of Wokingham’s Children and Young People Look Like?

Wokingham ranks lowest in Berkshire in prevalence of mental health disorders in children aged 5-16 years with 7.3% and a lot lower than the South East and England with 8.5% and 9.2% respectively. The figure of 7.3% would equate to 1828 children and young people in the Borough. Within the age group 5-16 years behavioural disorders are the most common type of mental health disorder with 4.1% of children and young people living in Wokingham estimated to have a conduct disorder. 2.9% of children and young people living in Wokingham are estimated to have an emotional disorder. These percentages equate to 1033 and 726 children and young people respectively.

Despite a low prevalence estimation Wokingham ranks 4th highest in Berkshire in prevalence of pupils with social, emotional and mental health needs with 1.99%, this equates to approximately 515 children and young people. Wokingham is statistically below the England and South East (see figure 1).

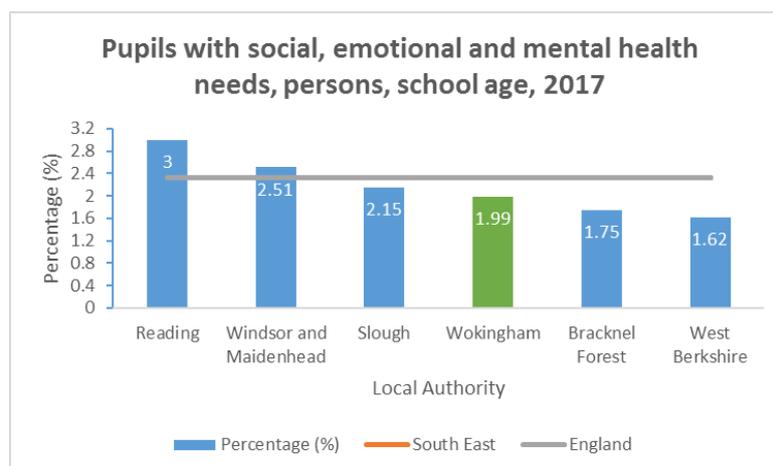


Figure 1 - Estimated proportion of pupils with social, emotional and mental health needs (2017)

Source: Department for Education special educational needs statistics (<https://www.gov.uk/government/collections/statistics-special-educational-needs-se>)

Whilst self-harm is not a mental or emotional health disorder or issue it can be closely linked with mental and emotional health. Not every child that self-harms has a mental health need, however the data helps to provide further context around emotional and mental health. During 2015/16, 124 children and young people aged between 10 and 24 living in Wokingham were admitted to hospital as a result of self-harm. This is a rate of 464 per 100,000 and is the same as the national and regional averages.

What does the Local Authority do?

The local authority works with partners including the CCG, BHFT and the voluntary organisations to deliver support. The Local Authority mainly focuses on the getting advice, getting help and targeted services elements of the THRIVE model (see figure 2).

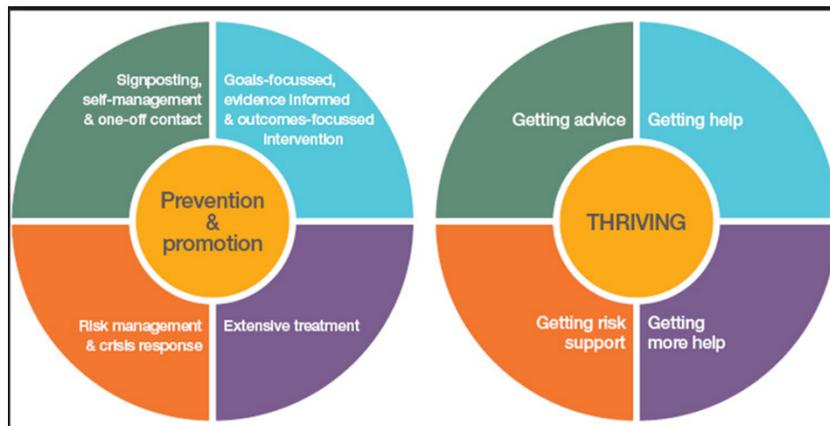


Figure 2 - THRIVE model developed by Wolpert et al in the Anna Freud Centre and Tavistock & Portman NHS Trust

The THIRVE model is something that as a system across the West of Berkshire we are moving towards. The CCG and BHFT paper has elaborated on this further.

Emotional Wellbeing Strategy

The emotional wellbeing strategy runs from 2018 to 2021. It is focused on universal and early help. It is linked with the LTP which covers West of Berkshire and goes right the way through to specialist and crisis support.

The strategy has been developed in 2017/18 by the People Strategy and Commissioning team in partnership with the CCG, Public Health, Early Help, Educational Psychologists and Voluntary sector.

The vision of the strategy is,

‘Wokingham Borough Council are committed to supporting every child and young person with their emotional and mental health needs at the right time and place. The Borough will work towards the belief that every child and young person has the right to good mental and emotional wellbeing and support them to achieve this.’

The strategy has been broken down into four priority areas.

The four priority areas are;

- Better intelligence to aid and improve decision making
- Support for schools and additional universal settings

- Early identification and self-help
- Improving Access

Current status

This has been agreed in principle and is going through the consultation period. We have engaged with a number of our partners (CCG, Voluntary Sector) and are in the process of getting feedback from schools.

Trends

As highlighted in the Emotional and Mental Health strategy intelligence and data surrounding children’s mental health isn’t as strong and robust as desired. The first priority area in the strategy is dedicated to improving this. As part of the improved working between BHFT and the Local Authority, the People commissioning team have jointly developed a new reporting template with the PCAMHs team that is focused on outcomes to help better understand the impact of the service and needs. Despite not having the all the data we would like, we do have service level data and that provides and insight in the needs and demands facing the PCAMHs team and the wider early help support services. This data has been used to highlight a few key trends.

Increase in demand

In 2017/18 the PCAMHs service received 184 referrals, this was a 29% increase on the previous year (143). This demand is being seen nationally and whilst this is not exclusive to Wokingham, it does need to be factored into future commissioning plans. The trend in referrals over the past three years has been displayed in figure 3. As of April 2018 the PCAMHs team had a caseload of 153 young people, this is extremely high for a workforce of 2.4 WTE.

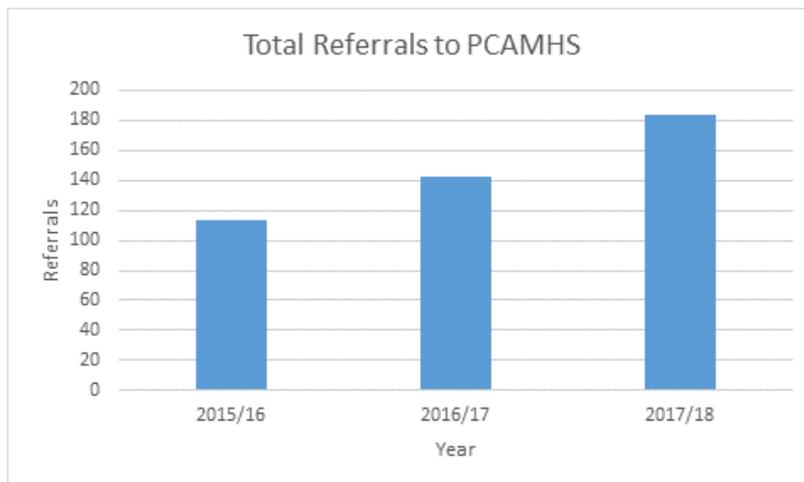


Figure 3- Referrals to PCAMHs between 2015/16 and 2017/18 (Service level data)

Decrease in Waiting Times

Despite the increase in demand the waiting list for the service have improved greatly since 2016. During the majority of 2017 all young people were assessed within 6 weeks of referral. In 2018 the waiting list has now increased to 12 weeks, this is mainly due to one staff member undertaking a professional development course (whilst it is affecting the capacity of the service currently we are waiting for backfill to

make up some of the lost capacity). This course will also hugely benefit the young people who access the service once the course has been completed.

Reasons for Presentations – Anxiety, ASD and ADHD

The majority of young people are presenting to the PCAMHs service with anxiety (including OCD), with issues relating to ASD and ADHD second. The other reasons that appear in the top four reasons include low mood and emotional dysregulation (including anger). This reflects the demand experienced by the tier 3 service, where Wokingham has the highest numbers of young people waiting for ASD assessments compared to the other CCG's in the West of Berkshire.

In 2017/18 61% of young people in the PCAMHs service had a planned exit and 26% had an escalation of referral up to tier 3 or the ASD/ADHD pathway.

Increase in Complexity

As with the national increase in demand the complexity is also increasing locally and nationally. A snap shot report between June and November 2017 looking at a sample of patients showed that Wokingham PCAMHs has a higher percentage of young people seen with pervasive developmental disorders (Autism, Asperger's), a learning disability, living in financial difficulty, deemed a child in need or on a current protection plan when compared with the Child Outcomes Research Consortium (CORC).

Current Local Authority offer including Commissioned Services

The People commissioning team commission a number of services aimed at supporting children's and young people emotional and mental health.

The first is the traditional tier 2 mental health service, although locally and nationally we are trying to move away from a tiered model of CAMHs. Locally this service is called PCAMHs and is delivered by BHFT. This service provides support for mild to moderate mental health difficulties and disorders in Wokingham Borough for children up to the age of 18 years. The service comprises of 2.4 WTE.

As a local authority we also grant fund a free counselling service delivered by ARC Youth Counselling. The service was previously jointly commissioned with the CCG. Currently the charity are receiving a grant to deliver the service and it is our intention to move back to a commissioned arrangement where we can demonstrate the impact of the service and we will be exploring opportunities to jointly commission with the CCG in the future. In total ARC Counselling receive £59,000 from the local authority per annum.

The School Link Project has been funded by the CCG and the Future In Mind monies. The project is currently running in 7 schools and it is our intention to grow this to 11 schools for the start of the next academic year.

The project has 4 main focuses;

1. To train school staff in the Psychological Perspectives in Education and Primary (PPEP) Care model. PPEPCare involves the training of staff in both

whole system and individual approaches to wellbeing. The modules have been developed by BHFT in conjunction with industry experts. They promote an understanding of the mental health issues affecting Children and Young People, supporting early identification of mental health issues and skills in intervention.

2. To identify, train and support a key person per school to take a lead on emotional and mental health issues in school.
3. To hold regular joint consultation sessions on concerning children in identified schools.
4. To identify a clear model of school based stepped care interventions that School should be offering from their resources or in partnership with others.

The School Link project has been commissioned from BHFT and has support from the Educational Psychologist service.

In addition to our commissioned services the local authority also provides a number of in-house support services, this includes ASSIST, who works with children and young people with ASD, Integrated Early Help team and the Educational Psychologist Service who support children with social, emotional and mental health problems. The Educational Psychologist team also run anxiety workshops in schools and train Nurture Assistants for schools.

The Public Health team are working to redesign the school nursing service and create a greater focus on prevention and health promotion interventions in schools. The team are working closely to ensure that this service aligns with the emotional wellbeing strategy. Lastly the team are also doing a lot of work around suicide prevention for both adults and young people, and have developed a suicide prevention strategy for Berkshire.

Emotional Wellbeing Redesign

The current PCAMHs service has been running in the Local Authority for a number of years and has not been reviewed for many years. During this time demand on the service and the costs of the service has increased. Due to this increase and lack of scrutiny the People commissioning team undertook a review of the service. In 2017 we undertook a needs assessment and a comprehensive consultation exercise with partners (including schools, CCG, current service and voluntary sector) to understand what they felt was working well, not so well and where the gaps were. We reviewed national and local best practice and as a result of this we have proposed a redesign of the service.

The proposal brings together the early help offers in the Local Authority, Voluntary Sector and our commissioned Mental Health Service whereby front-loading specialist expertise early in the pathways.

The proposed model will look to bring referrals for the service through the Local Authority front door to be triaged at a multi-agency triage meeting attended by statutory, voluntary and health partners. This hub will be an expansion of the existing Early Help Hub. The model requires significant buy-in from partners to attend weekly triage meetings and schools to recognise and eventually invest in the tier two offer. The risks of this service include sustainability, increased pressure on Local Authority

Services, particularly early help, through an increase number of young people requiring support and lack of buy-in from partners. Communication with key partners including schools and families will be essential.

By bringing together the services under one offer the local authority can better support children and young people by enabling greater partnership working and removing the necessity to have a diagnosable mental health condition therefore providing support earlier and preventing further escalation.

This proposal is in the consultation period and feedback is being used to help shape the final proposed model. The proposal is scheduled for sign off in September and it is our intentions to have it in place in early 2019.

Future plans for School Link project

As part of the PCAMHs redesign it is also our intention to increase the scope of the School Link project and align it with the Educational Psychologist service formally. By aligning it with this service we can ensure that we are communicating with schools effectively and providing a consistent message that isn't duplicating one another.

As part of the proposal we will be looking to merge the School Link and PCAMHs contracts to create one contract with BHFT for children's mental health services. This will make for more streamlined contract monitoring and reporting.

Future In Mind and whole system working in Berkshire West

Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing, the report of the government’s Children and Young People’s Mental Health Taskforce, was launched in March 2015.

The report sets out the case for change in mental health services for children and young people. It makes recommendations for improving a number of things about mental health services for children and teenagers: the quality of services; how quickly and easily services can be accessed when they are needed; better co-ordination between services; and, a significant improvement in meeting the mental health needs of children and young people no matter what their background.

By addressing all these areas the report aims to promote good mental health and wellbeing for children and young people and ensure there are high quality services in place to care for children and young people if they need them.

In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers **[what they thought about local mental health services](http://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/2014-review-and-outcomes-of-berkshire-camhs-service/)**. <http://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/2014-review-and-outcomes-of-berkshire-camhs-service/>

Their responses suggested that many children, young people and their families and also staff working in the CAMH service, thought that services weren’t good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn’t like the way that they were treated by staff/were frustrated at changes to their therapist. They said that there were delays in referrals and the advice given to families while waiting for their child’s assessment was insufficient.

Future in Mind provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them. We want every child and young person to get the help they need, when and where they need it. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people’s mental health and wellbeing.

The Local Transformation Plan (LTP)

Every Autumn the CCG, Local Authorities, providers and partners refresh our Local Transformation Plan (LTP). Feedback from service users and families is integral to this process. There is a national requirement for the LTP to be signed off by the Health and Wellbeing Board annually. The most current version can be found here <https://www.berkshirewestccg.nhs.uk/media/1742/october-2017-refreshed-transformation-plan-final-for-submission.pdf>

A young person friendly version is also available.

The current LTP covers the whole spectrum of services for children and young people’s emotional and mental health and wellbeing in each area including how

- we will improve prevention and early identification of difficulties for all children
- we will improve targeted working for more vulnerable groups such as children in care, Children In Need, children who have experienced abuse and those subject to child protection plans; young people who are in contact with the criminal justice system, victims of crime, young people who are at risk of exclusion from school, traveller communities. These youngsters are most at risk of health inequalities.
- we will work with Local Authorities, the voluntary sector and partners to provide early help when issues become apparent
- we will improve the quality and timeliness of specialist CAMHs
- we will improve care for children and young people experiencing a mental health crisis or psychosis
- we will reshape services for children and young people with eating disorders to enable quicker and better specialist support outside hospital
- we will collaborate with other commissioners to provide more streamlined and cost effective care pathways with care delivered closer to home

The Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

Successful delivery of Future In Mind will mean that:

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers, youth justice, social care, third sector and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners.
- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Vulnerable children can access the help that they need more easily. This includes developing better links between agencies who support victims of

sexual assault and victims of crime; enhancing emotional and physical healthcare service to young people who are in contact with criminal justice and developing services to support Liaison and Diversion for young people who have had a brush with the law. Ensuring that the needs of Looked After Children, children at the edge of care and children who are at risk of exclusion are met.

- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires in patient care, this is provided as close to home as possible. There is a smooth and safe transition into and out of Tier 4 services. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition in to adult services.

Who is responsible for commissioning Emotional Health and Wellbeing Services for Children and Young People?

1. "Everybody's business"- all commissioners as this should be part of the Universal offer. Public Health has a responsibility for promoting healthy lifestyles and promoting good mental health and resilience.
2. Getting advice, getting help and targeted services (formerly Tier 2)- combination of LA, schools, CCG
3. Getting more specialist help (formerly Tier 3) and getting risk support locally- CCG
4. In patient treatment (Tier 4) including Willow House, formerly Berkshire Adolescent Unit- NHS England Specialised Commissioning

The Berkshire West approach to Emotional Health and Wellbeing in Children and Young People

The ethos of service delivery has changed since 2014
2014

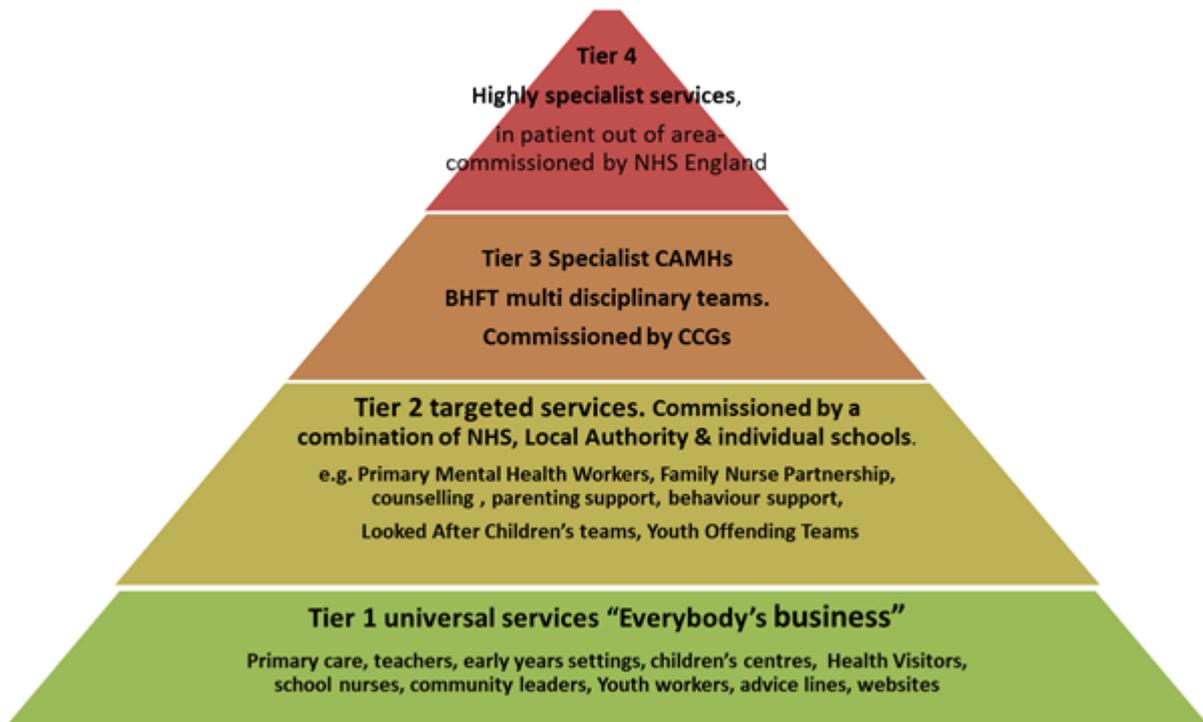
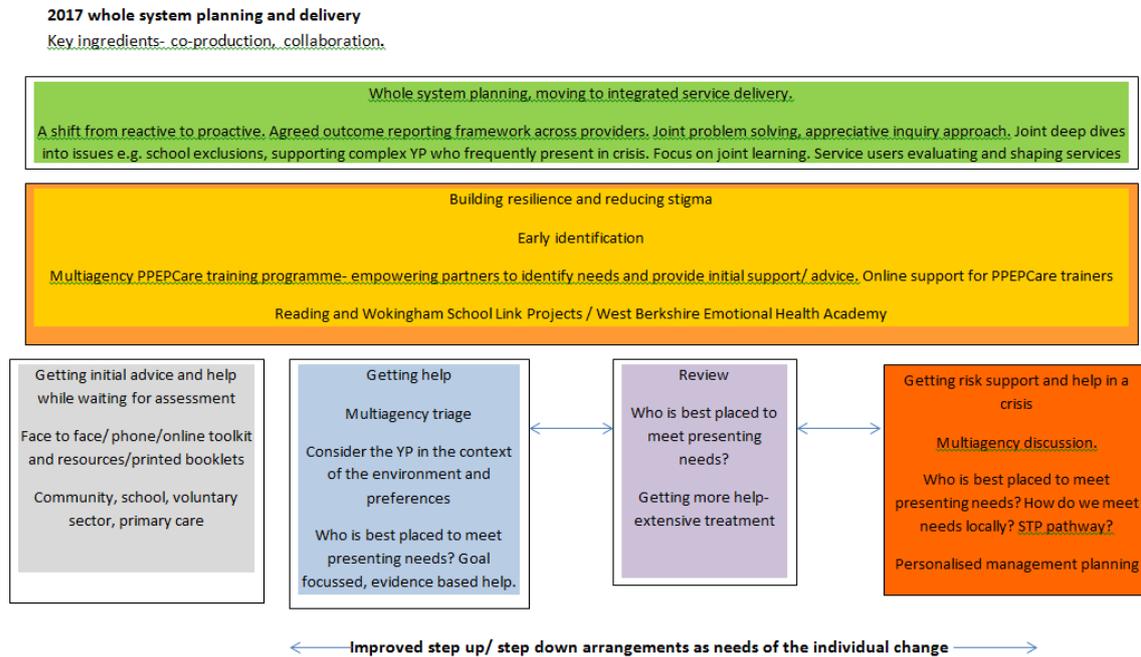


Figure 1

In 2014 services tended to be delivered in silos. Each service had its own assessment process and some children slipped through the gaps between services. Multiagency opportunities to see the child or young person's difficulties in the context of the family situation and wider environmental factors were often missed so help was not always coordinated between partners. Step up/ step down arrangements between Tiers were often ad hoc. Voluntary sector providers were rarely invited to be part of wider whole system discussion. Emotional health training to schools was patchy with no agreed training approach. Outcome reporting was not well developed- some providers collected outcomes, others did not. Poor service user engagement.

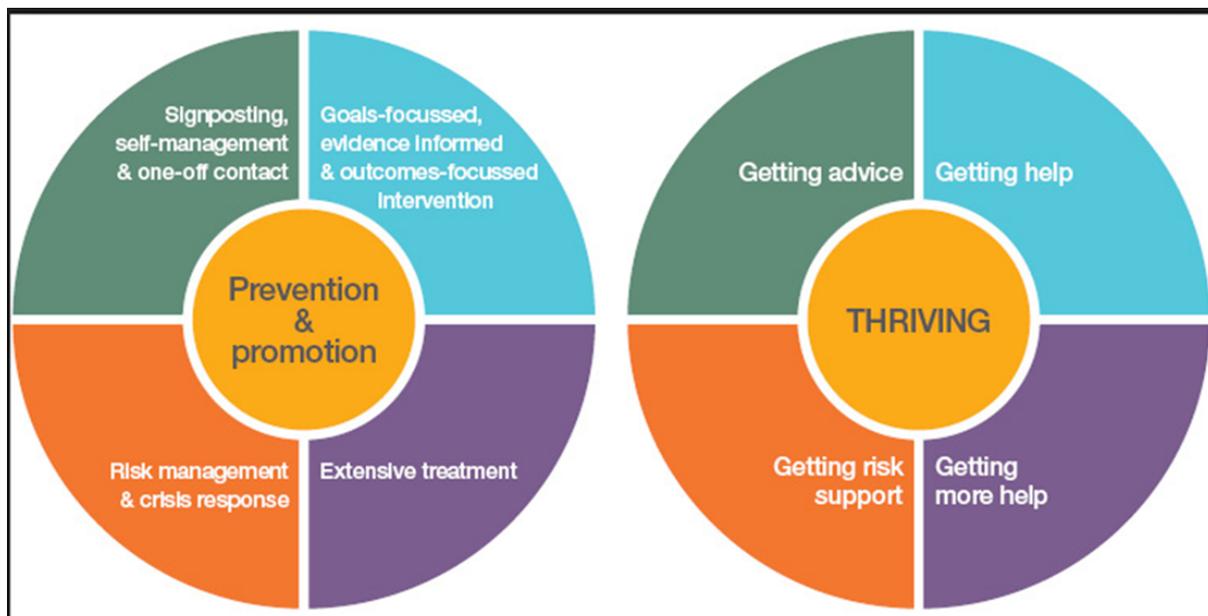
2017

By 2017 whole system response was becoming more established, as represented in this diagram



Partners are working together as a Berkshire West system towards the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust.

<http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>



The THRIVE model seeks to describe 4 clusters, or groups of children and young people with mental health issues and their families, and the variety of support they may need to thrive, trying to draw a clearer distinction between treatment on the one hand and support on the other.

It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, THRIVE provides a framework that seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

The THRIVE framework below conceptualises five needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation undertaken by the Anna Freud Centre with young people and parents with experience of service use.

Each of the five groupings is distinct in terms of the:

- needs and/or choices of the individuals within each group
- skill mix required to meet these needs
- dominant metaphor used to describe needs (wellbeing, ill health, support)
- resources required to meet the needs and/or choices of people in that group

We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). Inter-professional collaboration and coproduction is supporting a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

The Berkshire West LTP has been approved by NHS England and we have attracted national recognition for our whole system work.

CCG commissioned services in 2018/19

The requirements of Future In Mind are now articulated in the Mental Health Five Year Forward View (MH5YFV).

MH5YFV key deliverables for Children and Young People

1. Increase number of Children and Young People in treatment - At least 30% of Children and Young People with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service
2. Improved access to crisis services which are appropriate for Children and Young People - Commission 24/7 urgent and emergency mental health service for Children and Young People
3. Crisis Care outcomes - Monitor outcomes and progress in the new Crisis Care service models for Children and Young People , in line with the wider Crisis

Care pathway.

4. Develop Young People's IAPT and Outcomes framework - All services to be working within Children and Young People IAPT compliant evidence based programmes
5. Evidenced-based community eating disorder (ED) services for Children and Young People. Community eating disorder teams for CYP to meet access and waiting time standards

The CCG is funds Berkshire Healthcare Foundation Trust to provide Specialist Community CAMHs, health support to Youth Offending Teams and a Perinatal Service via a block contract. This is estimated at £6.9m. These services contribute to meeting the requirement of deliverables #1,2,3,4 and 5.

In addition to this block contract investment, NHS England provided **£789,271** within the CCG baseline, indicating within the 5YFV guidance that this is for Children and Young People deliverables as outlined above.

| | Item | £ |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 | 18.19 Amount added to the CCG Baseline for Future In Mind | 789,271 |
| 2 | CAMHs Urgent Care service Evidence based crisis care support for children and young people. This supports our CCG response to deliverable #1, 2, 3 & 4 and links to #5 | 329,368 |
| 3 | Reading University Anxiety Clinic Evidence based treatment to 120 Children and Young People per year- this forms part of the wider Anxiety and Depression pathway. The University has utilised opportunities through the CYP IAPT workforce development and transformation programme to develop and train a new type of worker which in turn helps to support the use of skill mix in delivering evidence based treatments. This supports our CCG response to deliverable #1 & 4. | 99,893 |
| 4 | West Berkshire Council Emotional Health Academy Co-funding of the Emotional Health Academy's provision of evidence based treatment to approximately 400 CYP a year. This forms part of the prevention and early intervention work for all CYP mental health pathways. This supports our CCG response to deliverable #1 & 4. | 100,000 |
| 5 | Reading Borough Council School Link Project | 100,000 |

| | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| | Co-funding of the School Link and primary mental health provision of evidence based treatment to approximately 250 CYP a year This forms part of the prevention work for all CYP mental health pathways, as well as training local schools to identify and intervene earlier. This supports our CCG response to deliverable #1 & 4. | |
| 6 | Wokingham Borough Council School Link Project Co-funding of the School Link and primary mental health provision of evidence based treatment to approximately 180 CYP a year. This forms part of the prevention work for all CYP mental health pathways, as well as training local schools to identify and intervene earlier. This supports our CCG response to deliverable #1 & 4. | 100,000 |
| 7 | Autism Berkshire and Parenting Special Children (2 local Voluntary sector organisations) To provide families pre and post- Autism and ADHD assessment support and information. This supports our CCG response to deliverable #1 & 4. | 40,000 |
| 8 | PPEPCare (Psychological Perspectives in Education and Primary Care) training, regionally recognised as best practice, to support all those working with CYP to feel more confident in detecting and managing mental health issues and psychological distress. This is provided by Berkshire Healthcare Foundation Trust. This supports our CCG response to deliverable #1. | 19,875 |
| 9 | Total | 789,039 |

The CCG commissions ARC to provide Youth Counselling in Wokingham. This has been an arrangement over many years and supports the CCG response to #1 & 4. The value of this arrangement is £30K per annum with a 3 year contract. Wokingham BC also commission ARC. There are aspirations to reinstate joint commissioning of youth counselling in the future.

Time line for System CAMHS Transformation Activity

2014 Berkshire engagement work

2015 financial investment into BW CAMHS- emphasis on reducing risk rather than reducing ASD waits. FIM published.

Mid 15/16 Future In Mind investment released. School Link and EHA shaped. EHA launched.

16/17 Year 1 EHA and School Link. PSC and Aut B workshops. Jupiter subnet for SHaRON launched. BHFT revise care pathways. Q4 ASD additional clinics commissioned

17/18 Q1- additional ASD clinics still running- delayed project. AnDY clinics running Q1 and Q2. Year 2 expansion of School Link and EHA fully running. ASD/ADHD dual clinics at BHFT. Autism PPEPCare module launched. LAs- graduated response work in schools.

18/19 Year 3 School Link and EHA. AnDY commissioned. Reshaped AutB/ PSC offer.

Services Provided by Berkshire Healthcare Foundation Trust

Berkshire Healthcare Foundation Trust (BHFT) is currently commissioned to deliver a range of emotional wellbeing and mental health services to Wokingham children and young people.

PCAMHS

Wokingham Borough Council directly commission a small Primary CAMH service from BHFT. This comprises 2.4WTE specialist mental health workers who deliver a range of support at early intervention and prevention level, including:

- Advice and consultation to other prevention and early intervention workers, including coaching and support to
- Education and training
- Short, evidence-based clinical interventions, both by group and one to one for young people with mild/moderate mental illness.

The mental health worker within the schools link project sits within this team and the PCAMHS staff are also part of the early help triage in the borough.

Regular reports are provided on this service. The final report for 2017/18 is embedded below for information.



Mar 18 Wokingham
Primary Child and Adc

Community Specialist CAMHS

This is support, advice, guidance and treatment for C/YP (up to 18) with moderate/severe mental health difficulties, whose symptoms have a significant impact in their day to day lives.

Usually these symptoms will have been occurring over several months and will not have responded to interventions from prevention and early intervention services such as youth counselling and behaviour support, evidence based parenting or treatment from the PCAMHS workers. Children and young people being seen by the community specialist CAMHS workers will often need on-going support from these services as per the Thrive model described earlier.

The service is made up of:

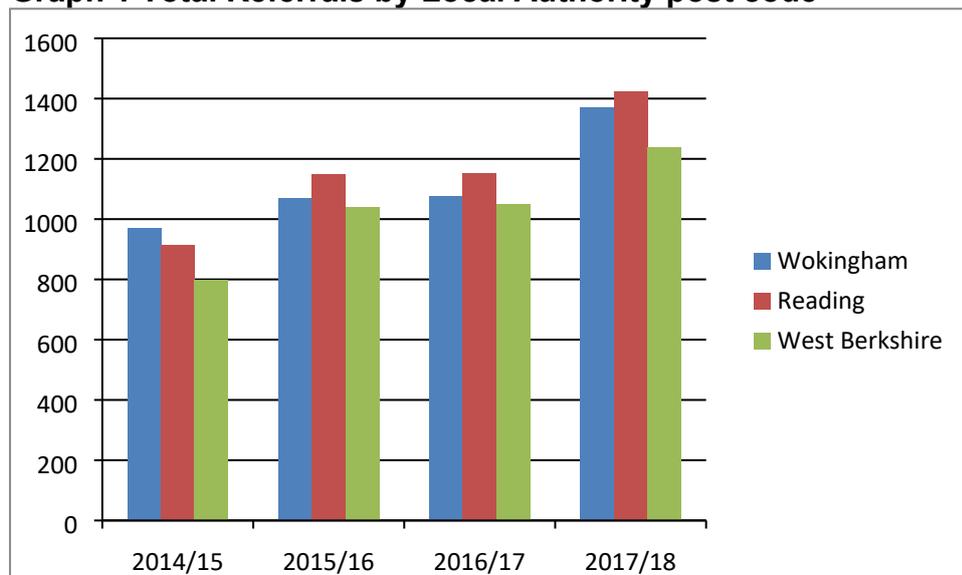
- CYPF Health Hub (CAMHS Common Point of Entry)
- CAMHS Rapid Response Team
- Autism Assessment Team
- ADHD Pathway
- CBT Service for Anxiety and Depression
- Community Eating Disorders Service (BEDS CYP)
- Community EIP Service
- Locality Specialist Community Team for young people with more complex difficulties

Referrals & Waiting Times

Community Specialist CAMHS

The graph below shows the total number of referrals of young people in Wokingham to CAMHS irrespective of which team they are referred too. Data is given for the last 4 years to show the trend and with Reading and West Berkshire for comparison.

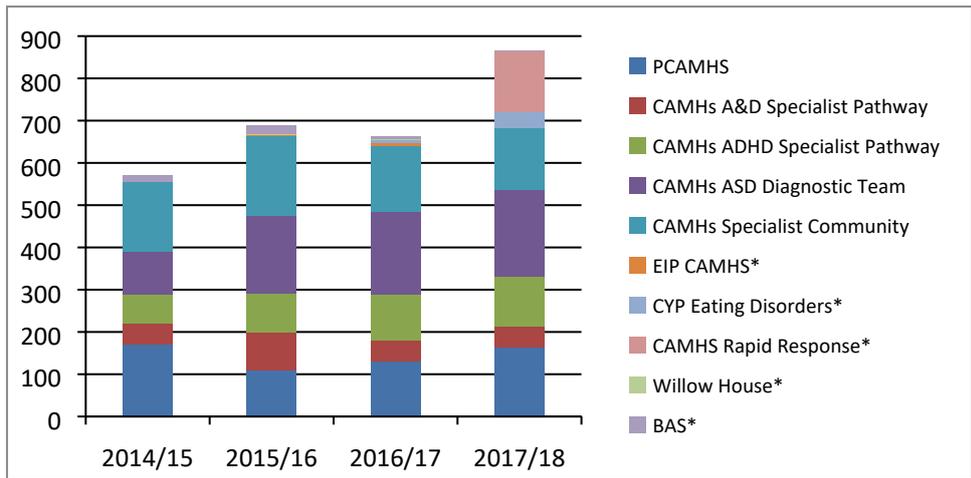
Graph 1 Total Referrals by Local Authority post code



Wokingham has seen a slightly lower rate of increase than the other Berkshire West Local authorities but the trend of increasing referrals is similar.

This highlights one of the main challenges to the service, which is that the continued increase in demand is outstripping service capacity.

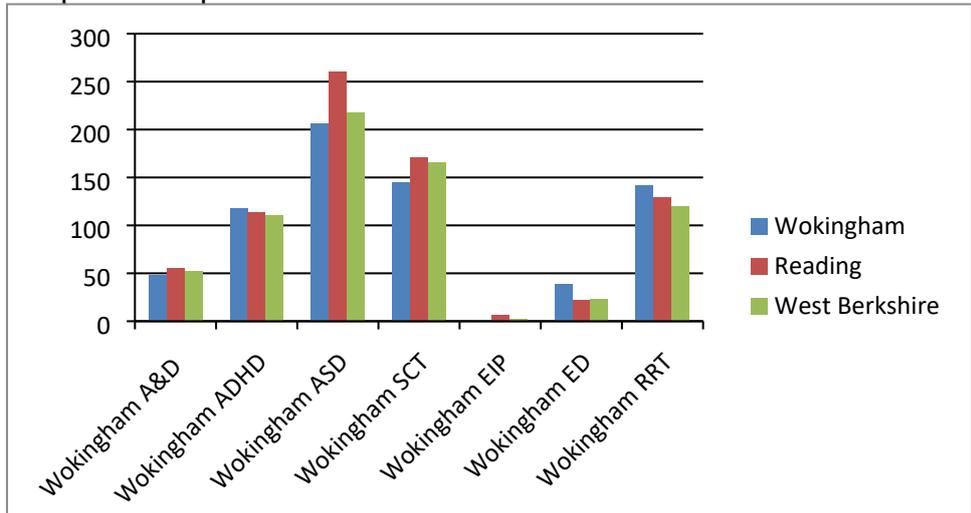
Graph 2 Distribution of referrals to teams once accepted in to CAMHS.



We saw a reduction in referrals to the Primary CAMHS team in 2015/16 but this trend has reversed since. We have seen a continued increase in referrals for both ADHD and ASD, with the referral rate now significantly above that in 2014/15 on which the funding and resource for the service was based. There has also been growth in demand has been for eating disorders and crisis response.

It looks as though referrals to the Anxiety & Depression team have reduced but the changes seen are mainly due to changes in the triage and assessment process for this team, which has enabled referrals for low intensity anxiety and mood disorders to be filtered out prior to being transferred to the team, and directed to more appropriate services including the AnDY clinic or the PCAMHS service. The number of appropriate referrals to the team has been stable over the past few years however the complexity of cases has increased.

Graph 3 Comparison of referrals to teams across the 3 Berkshire West LA's.



There are a greater number of referrals for young people with ADHD, an eating disorder and in crisis from the Wokingham LA are than the other areas in Berkshire, but lower numbers for anxiety & mood disorders and ASD.

Waiting Times for Specialist Community Services

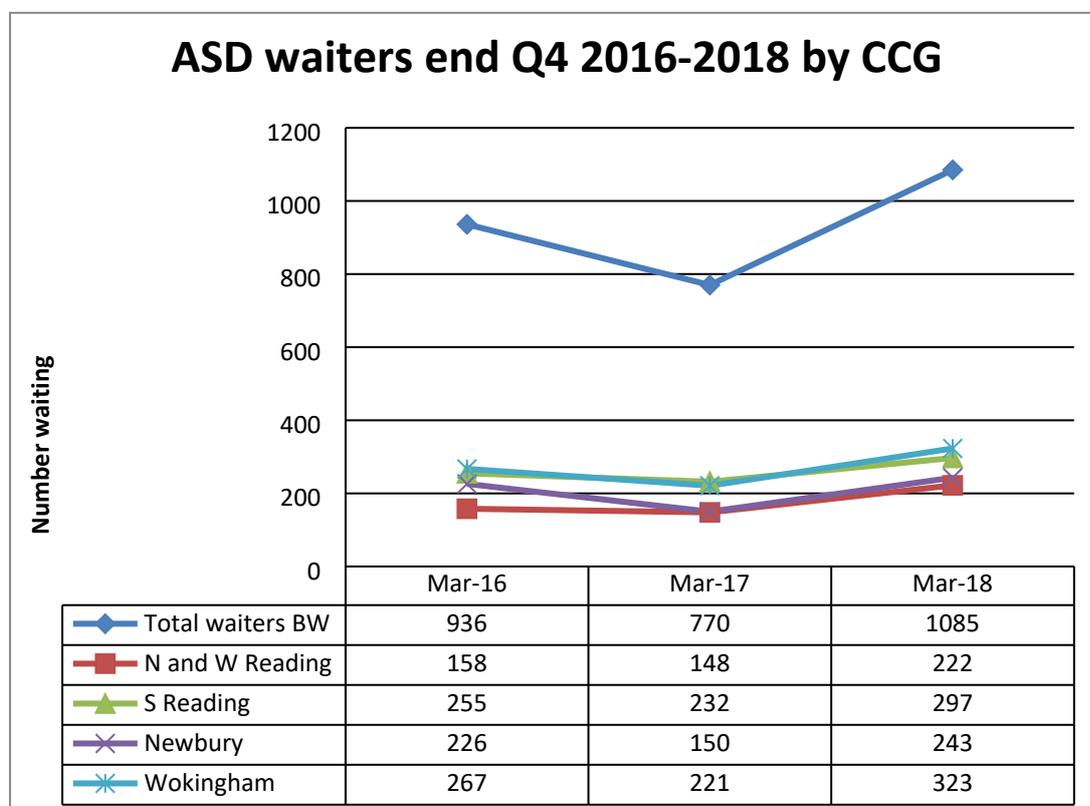
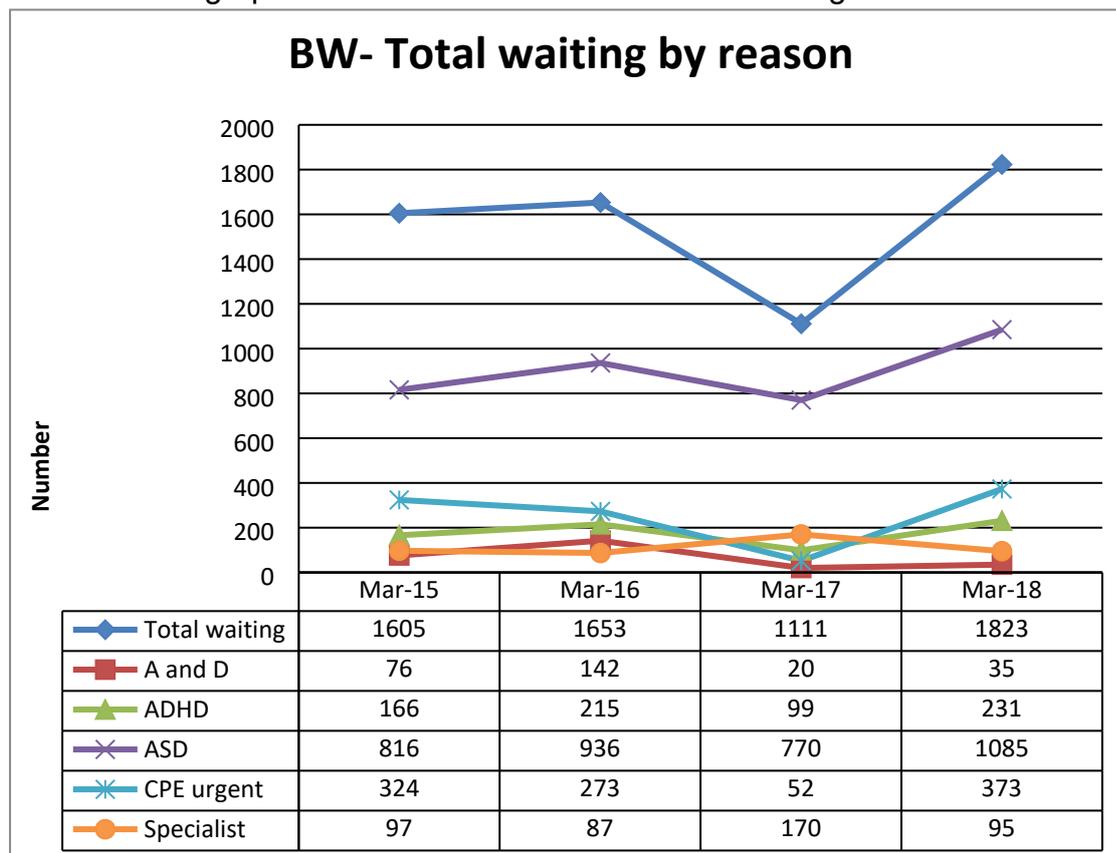
Following investment in 2015/16, the service initially made good progress in reducing waiting times for all teams except the autism assessment team.

The table below shows the number of Wokingham young people currently waiting treatment without either an appointment booked, or a delay due to patient choice or non-attendance.

| Wokingham Borough Council | 0-4 wks | 5-8 wks | 9-12 wks | Over 12 wks | Grand Total |
|-----------------------------------------|----------------|----------------|-----------------|--------------------|--------------------|
| Autism Assessment Team (AAT) | 28 | 25 | 26 | 232 | 310 |
| CAMHs A&D Specialist Pathway | 2 | 2 | | | 5 |
| CAMHs ADHD Specialist Pathway | 11 | 17 | 5 | 49 | 82 |
| CAMHS CPE | 56 | 37 | 12 | 7 | 112 |
| CAMHS Rapid Response | 1 | | | | 1 |
| CYP Eating Disorders | 1 | | | | 1 |
| Specialist Community | 12 | 1 | | 1 | 15 |
| Grand Total | 101 | 82 | 43 | 289 | 526 |

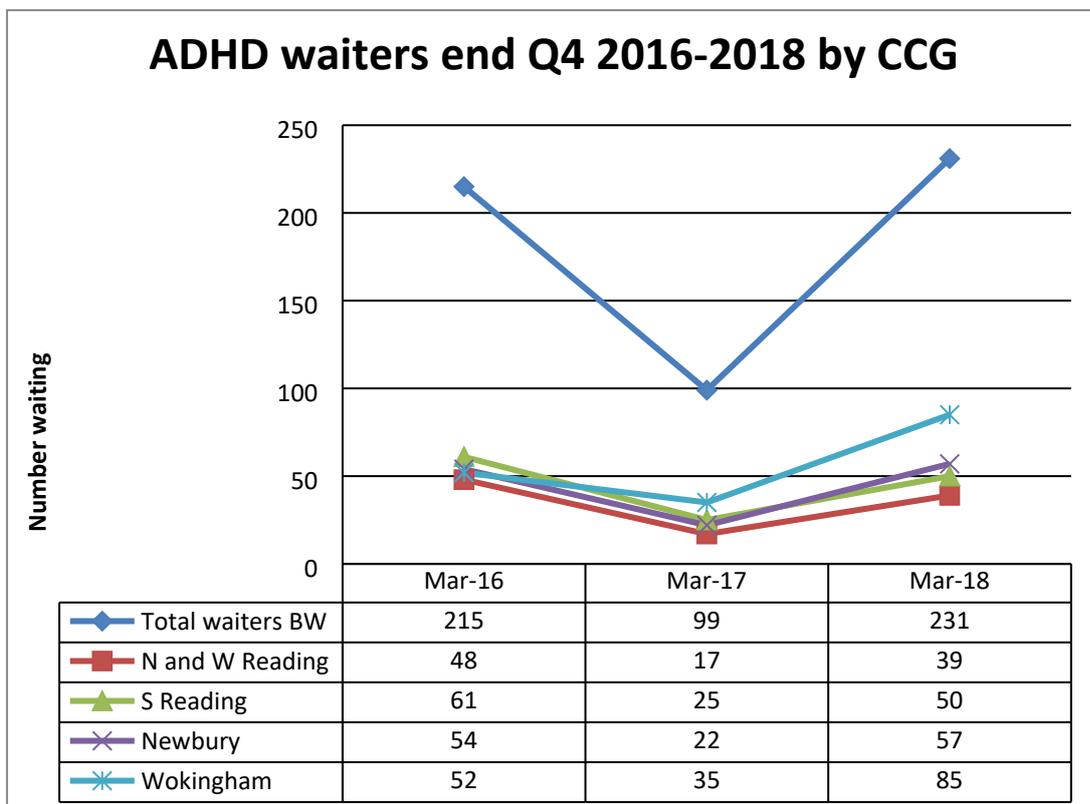
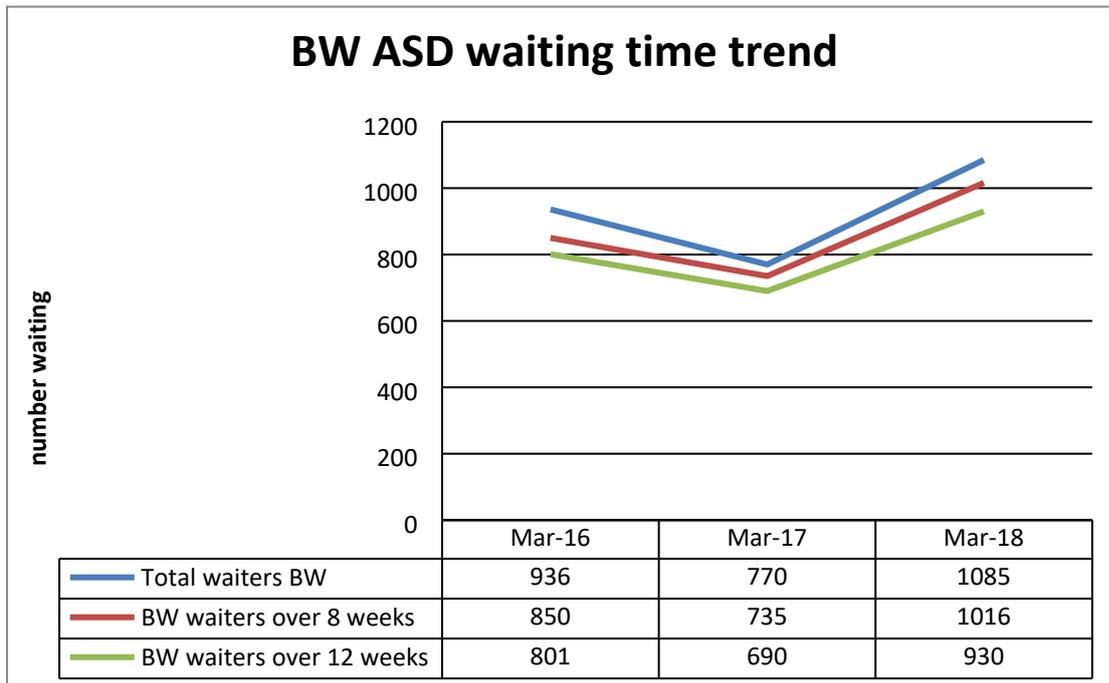
The main areas of challenge in terms of long waiting times are the neurodevelopmental services – AAT and ADHD, where waits remain unacceptable. However, the areas of greatest risk also include the SCT, BEDS CYP and the A+D pathway. Referrals to BEDS CYP were significantly above the commissioned capacity of that team in 2017/18 so the service is unable to meet national access and waiting time's standards. For the A+D pathway, the average number of treatment sessions needed has increased and changes in NICE guidelines have increased the demand on Consultant Psychiatry such that internal waiting times for specific interventions in the SCT and A+D pathway are increasing as demand continues to outstrip capacity.

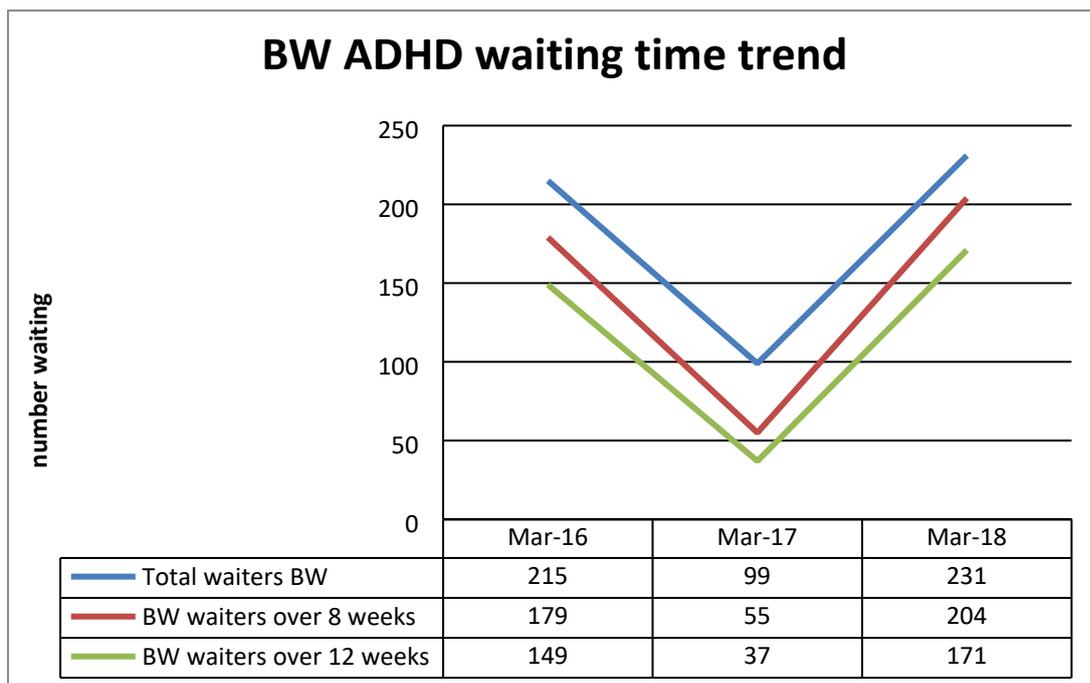
The series of graphs below show trends in terms of waiting times.



The current average waiting time for an ASD assessment is 44 weeks. There are current 94 Wokingham young people who have been waiting for longer than 12

months for an ASD assessment and a further 83 who have been waiting longer than 6 months. This is similar to the data for other localities across Berkshire.





The majority of young people with ADHD remain on the service caseload until they reach adulthood as growth and developmental changes through childhood and adolescence create a need for on-going review and adjustment of medication and treatment needs.

The ADHD pathway has been challenged with high levels of maternity leave and staff turnover over the past 12 months. While we have generally been able to successfully recruit and are currently fully established, change in staff results in a loss of overall capacity due to the time taken to recruit, training and induction of new staff.

LA SEND data relating to neurodevelopmental issues also highlights the high level of young people with ASD and SEMH issues.

Red= higher than expected

Green = lower than expected

| | England rate | Wokingham (SN) statistical neighbour rate |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Percentage of pupils in state funded schools with SEND where primary type of SEND is Social Emotional and Mental Health Issues (SEMH) | EHCP and statements All ages 12.4% All types of SEND support- SEND support / statement/ EHCP Primary aged 15.7% Secondary aged 18.4% | EHCPs and statements all ages 19.7% |
| Percentage of pupils in state funded | EHCP and statements All ages 26.9% | EHCPs and statements all ages 38.5% |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| secondary schools with SEND where primary type of SEND is ASD | All types of SEND support (SEND support / statement/ EHCP) Primary aged 6.7% Secondary aged 8.9% | Rate is fairly static |
| Percentage of pupils in state funded secondary schools with SEND where primary type of SEND is Speech Language and Communication Needs (SLCN) | EHCP and statements All ages 14.3% All types of SEND support (SEND support / statement/ EHCP) Primary aged 29% Secondary aged 10.8% | EHCPs and statements all ages 7.6% Decreasing trend |

In-Patient Services

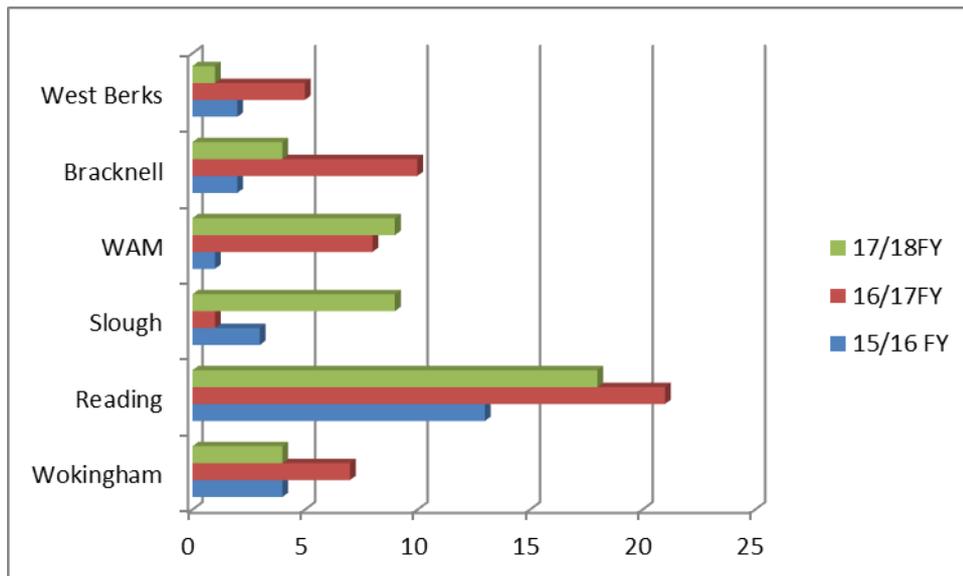
BHFT are commissioned directly by NHS England to provide a 9-bedded general CAMHS in-patient unit. This service is based in Willow House, on the Wokingham Hospital site.

CAMHS in-patient care is currently commissioned on a national basis so the Willow House unit is part of the national bed-estate for in-patient CAMHS and as such provides care for young people from anywhere in the county.

The facility is a general adolescent unit so does not currently provide secure, PICU, forensic or highly specialist (e.g. specialist eating disorders, LD) services.

Willow House has developed since 2016/17 to offer a comprehensive Tier 4 inpatient service in line with the NHS England service specifications. There remain challenges with the Willow House environment that can mean patients with high acuity needs have to be placed out of area to ensure that they receive safe and appropriate care. There is on-going work between the Trust and NHS England to relocate Willow House to a new site at Prospect Park hospital which will allow for more appropriate resources and an environment that can support these patients within Berkshire. Recruitment and retention are a particular challenge for CAMHS in-patient services; however WH is not an outlier in its recruitment and retention and has a strong focus on activity to address this, including engagement in recruitment events. We have been successful in the employment of students on completion of their nursing training.

The table below gives the total number of Berkshire young people admitted to CAMHS in-patient units over the last 3 years. The number has reduced from 2016/17 with Wokingham having a lower number generally than other localities within Berkshire.



Review of diagnosis indicates that the predominant presentation for Wokingham patients is emotional dysregulation compared to other localities where there is a greater variation of diagnostic need.

BHFT Summary of Challenges and Achievements

The service has, and continues to; face a number of challenges over the past 12 months which include:

- Continued increase in demand for services, in line with the national picture.
- Complexity of need is increasing, making further demands on clinical resource and reducing service capacity to see new referrals
- Recruitment in a highly competitive market: generally successful but increasing difficulty recruiting to posts in nursing and some specialties.
- Retention: competitive market; level of demand, complexity of caseload & 'CAMHS bashing' leading to stress and burnout in addition to usual factors impacting on retention of staff locally.
- Training: complexity of caseload makes it difficult to 'grow our own'.

However there have also been significant achievements, including:

- Staff retention plan in place; some good quality, long-term agency staff enabling maintenance of service but although note national pressures to reduce agency spend
- Staff development opportunities including RTT parenting trainee and CYP PWP pilots in place; good experience of over-recruiting to minimise impact of vacancy in some high turnover areas.
- Maintenance of low waiting times for triage and urgent referrals
- Rapid response to children & young people in crisis, preventing presentation to emergency services where possible
- Development of the on-line referral form, website and on-line resource <https://cypf.berkshirehealthcare.nhs.uk/>
- Implementation of the CYPF Health Hub and integrated working, enabling young people to access other necessary services (SLT, OT) more quickly & supporting joined up care.

- The Eating Disorders Service have undertaken the national ED training programme & are delivering NICE concordant care.
- Young SHaRON has enabled multi-agency, online support for families & carers of young people referred for an autism assessment 24/7. Good feedback reviewed
- Development work in AAT and ADHD to improve system working and needs-based support for young people regardless of diagnosis.
- PPEPCare training - rolled out widely, more modules developed
- Partnership work e.g. development of the AnDY clinic from existing partnership between BHFT CAMHS & Reading University
- Service user engagement & participation continues to grow with feedback about the service highly positive.
- Routine Outcome Measures embedded across teams with data now available for service evaluation and planning as well as to inform clinical care.
- Audit & research

Agenda Item 9.

| | |
|-----------------------------|----------------------------------------------------------------|
| TITLE | Air quality and health |
| FOR CONSIDERATION BY | Health Overview and Scrutiny Committee on Monday, 16 July 2018 |
| WARD | None Specific; |
| KEY OFFICER | Julie Hotchkiss, Interim Consultant in Public Health |

OUTCOME / BENEFITS TO THE COMMUNITY

The impact of air pollution on health is significant – any action which the committee might initiate to improve air quality would help reduce premature death and disability.

RECOMMENDATION

That committee members consider the findings, discuss how the Borough might do more to improve air quality. The committee may choose to make recommendations to Council or other partners to that end.

SUMMARY OF REPORT

This report describes the key pollutants, then details the health effects in terms of premature death, disability and impacts on specific groups of the population. It goes on to detail local air quality monitoring and management. It describes current activities being undertaken in the Council to improve air quality and poses some further potential actions for discussion.

Background

Introduction

As the air has become visibly “cleaner” with the reduction in grimy coal particulates and dirty emissions from buses, the general public has become, perhaps, relaxed about air pollution. The pollutants which make the greatest impact on health nowadays are invisible – they are tiny microscopic particles. Poor air quality remains a significant health issue. It has been estimated that removing all fine particulate air pollution would have a bigger impact on life expectancy in England and Wales than eliminating passive smoking or road traffic accidents(1). The economic cost from the impacts of air pollution in the UK is estimated at £9-19 billion every year(2). This is comparable to the economic cost of obesity (£2.6-15.8 billion)(3). A 2017 study in the Lancet found that particulate matter air pollution was the 5th highest mortality risk factor in 2015, causing 4.2 million deaths (7.6% of global deaths)(1). In the UK, particulate air pollution was thought to be the cause of nearly 29,000 deaths when calculated in 2008, with an associated loss of 340,000 life years(3). This report describes the key pollutants, then details the health effects in terms of premature death, disability and impacts on specific groups of the population. It goes on to detail local air quality monitoring and management

The key pollutants

Particulate matter - We measure and report on concentration of particles with a diameter of less than 10 micrometres (μm) the measure being called PM10 and the even smaller 2.5 μm (PM 2.5). The size of particles is important because those that are less than 10 μm in diameter tend not to be filtered out by the nose and those that are less than 2.5 μm are able to penetrate deep into the lungs. Very small particles from 0.1 to 0.001 μm are so small that they can pass into the circulation(13). The majority of data on the health effects of air pollution available is related to PM, as it has the strongest epidemiological link to health outcomes(12-14). Primary emissions from road traffic, including the non-exhaust component, make a significant (about 30-50%) contribution to PM 2.5 levels in urban areas (especially diesel engines)(15)

Ozone is a molecule constructed of oxygen atoms. It forms a natural barrier, known as the ‘Ozone Layer’ in the upper atmosphere protecting the Earth from the Sun’s damaging ultraviolet radiation. However, at lower atmospheric levels ozone exposure represents a substantial risk to human and animal health and vegetation. Ozone is made through chemical reactions of other emissions rather than being directly emitted; therefore it is considered a secondary pollutant. As many factors, including atmospheric conditions, sunlight and direct emissions affect the creation and destruction of ozone, it is difficult to regulate and monitor effectively. Ozone itself is a respiratory irritant and can have an impact on other health conditions. When ozone is broken down it then creates other pollutants which have also their own effects on health(6-9).

Nitrogen-based compounds (NO_x) are a pollutant that is produced when petrol, diesel or natural gas are burned and, unlike ozone, is a direct emission. There is evidence that high levels of nitrogen dioxide act as a respiratory irritant and, over a long period of time, affect how well our lungs work, particularly among those with asthma. Studies have suggested NO_x may contribute to impaired lung development and recurrent respiratory illnesses in children(10-12).

Pollutants do not occur in isolation, it is important to look at the mix, as reducing one pollutant may cause increased concentration of another. For example, reducing levels

of nitrous oxide (NO) causes a rise in ozone due to less of it being able to be broken down. Some pollutants in combination have a synergistic effect (e.g. sulphur dioxide (SO₂) and nitrates, although SO₂ levels have continued to decrease, nationally SO₂ decreased 29% from 2015 to 2016.

Sources

Pollution can come from a point source, i.e. coming from a single point such as a power station, construction sites, farming, home and commercial heating and industrial processes or mobile produced by road transport, aircraft emissions, rail and shipping. Pollution can be blown from where it arises, e.g. burning rubbish, ploughing fields, demolition, volcanic eruptions, etc – this is known as fugitive pollution.

Reducing air pollution requires action to reduce domestic emissions as well as working closely with international partners to reduce transboundary emissions (pollutants blown over from other countries) which, at times, can account for a significant proportion of pollutant concentrations experienced in the UK (for example, it is estimated that sources outside of the UK account for 35-50% of measured ambient particulate matter concentrations(12, 14).

Health effects – deaths

Damage occurs across a lifetime, from a baby’s first weeks in the womb all the way through to the years of older age(4).

PM 2.5 is associated with increased risks of death and ill health. It is linked to respiratory diseases with both short and long term consequences and is also linked to cardiovascular diseases leading to heart attacks and strokes(4).

Estimating the effects of air pollution locally is difficult because people die after a lifetime of exposure, and on any given day one could not identify and count which people have died from a heart attack earlier than they would have done if they hadn’t been exposed to the current pollution levels.

To overcome this difficulty, we apply mathematical models to the population structure and death data (mortality rates) using local pollution data to give us the fraction of “attributable” deaths. Latest data available is for 2016 and is shown in Table 1.

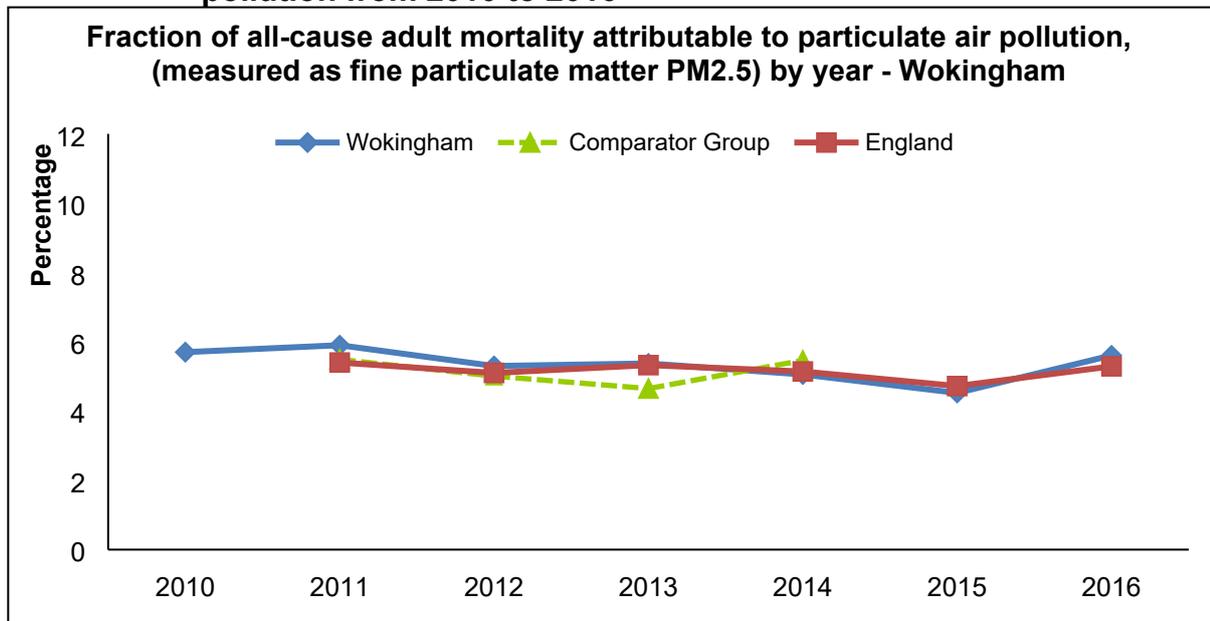
Table 1 Fraction of Mortality attributable to Particulate (PM2.5) air pollution for Berkshire local authorities, the South East and England

| Area | % deaths attributable to PM2.5 |
|---------------------------|--------------------------------|
| Wokingham | 5.6 |
| West Berkshire | 5.0 |
| Reading | 5.9 |
| RB Windsor and Maidenhead | 5.6 |
| Slough | 6.2 |
| Bracknell Forest | 5.6 |
| SE Region | 5.5 |
| England | 5.3 |

Source: Public Health Outcome Framework (PHOF) - health protection data
Indicator 3.01

The trend in the fraction since 2010 has been remarkably consistent in Wokingham, the South East and England, as shown in Figure 1. However, the trend in *number* of deaths attributable to particulate pollution over the last 5 years has decreased, even though particulate pollution level has not come down. This is because the total number of deaths from the principal causes (heart attack, stroke and respiratory disease) is decreasing.

Figure 1 Trend in Fraction of Mortality attributable to Particulate (PM2.5) air pollution from 2010 to 2016



Source: PHE, Public Health Profiles 2018

To put this into context we can look at the other contributory factors to “early” preventable death, which is taken to be a death before 75 years old.

Error! Reference source not found. shows the premature mortality due to human-made PM 2.5 pollution, in Wokingham and the South East of England, when compared to common causes of preventable mortality; such as cancers and cardiovascular disease. The rate in Wokingham is somewhat comparable to that for preventable respiratory disease in those under 75. (Please note there is a proportion of overlap between some of the other preventable mortalities and preventable mortality due to human-made PM 2.5).

Table 1: Mortality rates attributable to major preventable conditions (2015)

| | Wokingham | South East |
|-------------------------------------------------|----------------------------|-------------------|
| Indicator | Mortality rate per 100,000 | |
| Preventable cancers in under 75s | 64 | 74 |
| Preventable cardiovascular disease in under 75s | 34 | 39 |
| Premature mortality attributable to PM 2.5 | 11.2 | 11.7 |
| Preventable respiratory disease in under 75s | 10 | 15 |
| Preventable liver disease in under 75s | 9 | 13 |
| Communicable diseases | 10 | 9 |
| Suicides | 6 | 10 |
| TOTAL PREVENTABLE MORTALITY | 131 | 161 |

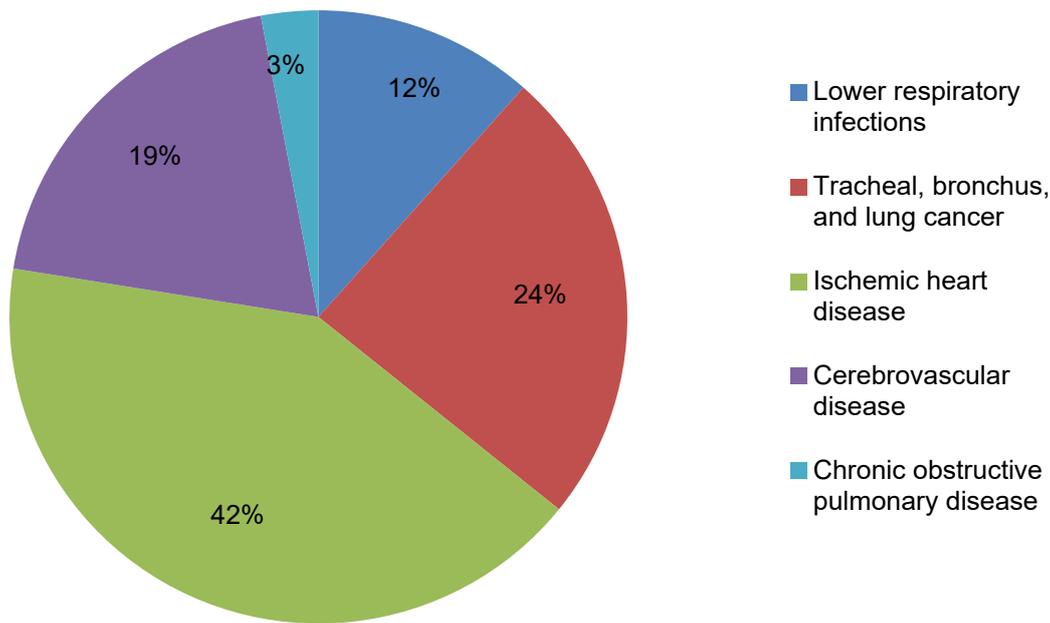
Source: [Public Health Outcomes Framework \(PHOF\), Mortality rankings, PHE](#)

Health effects – disability

Pollution does not just kill people, it can make them ill, often for a number of years – it is useful to consider the “burden of disease” which combines death and disability. The measure known as a Disability-adjusted life year (DALY) is commonly used. This measure adds together the years of life lost due to early death, and the years spent living with disability or ill-health.

Figure 2 shows the breakdown of the different health conditions affected by ambient particulate matter as a percentage of the South East rate of 388 DALYs per 100,000 population.

Figure 2: Disability adjusted life years per 100,000 population attributable to ambient particulate matter pollution in the South East region, 2013.



Source: Data from Global Burden of Disease [Viz Hub](#)

Lung and respiratory conditions combine to make up 39% of DALYs attributed to ambient particulate air pollution, however much more of the ill health is manifest in cardiovascular disease. In this figure cardiovascular disease is broken down into ischaemic heart disease (42%), and cerebrovascular disease (stroke) 19%. Although the contribution of particulate air pollution to total attributable DALYs is relatively small at 2%, exposure to particulate air pollution is responsible for nearly a quarter (22%) of attributable DALYs secondary to lower respiratory tract infections (e.g. pneumonia).

Table 2 – Comparison of DALYs for diseases contributing to ambient particulate matter pollution for the South East (2013)

| Overall DALYs South East England | Overall | Lower respiratory infections (in children under 5) | Tracheal, bronchus, and lung cancer (in 75 and overs) | Ischaemic heart disease (in 75 and overs) | Cerebrovascular disease (in 75 and overs) | Chronic obstructive pulmonary disease (in 75 and overs) |
|----------------------------------|--------------------------|----------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| Risk factor | DALYs per 100,000 | | | | | |
| Smoking | 2215 | 95 | 640 | 236 | 118 | 628.0 |
| High body-mass index | 2201 | - | - | 475 | 237 | - |
| High systolic blood | 1766 | - | - | 749 | 425 | - |

| | | | | | | |
|------------------------------------------------------------------------------------|------------|------------|-----------|------------|-----------|-----------|
| pressure | | | | | | |
| High fasting plasma glucose | 1344 | - | - | 339 | 118 | - |
| Alcohol use | 965 | 51 | - | -73 | 61 | - |
| High total cholesterol | 818 | - | - | 767 | 51 | - |
| Diet low in fruits | 589 | - | 101 | 216 | 221 | - |
| Drug use | 425 | - | - | - | - | - |
| Ambient particulate matter pollution | 387 | 45 | 94 | 162 | 76 | 12 |
| Iron deficiency | 276 | - | - | - | - | - |
| Occupational exposure to asbestos | 230 | - | 169 | - | - | - |
| Second-hand smoke | 27 | 4 | 4 | 12 | 7 | - |
| Percentage of attributable risk due to ambient particulate matter pollution | 2% | 22% | 9% | 3% | 4% | 2% |

Data from Global Burden of Disease [Viz Hub](#).

Health conditions in Wokingham

As stated previously PM air pollution has an attributable impact on respiratory and cardiovascular diseases. The Wokingham population is covered by what was Wokingham CCG, it merged with three other CCGs in April 2018 to form Berkshire West CCG, but the data presented below pertains to the Wokingham part of the current CCG: The data presented below are the most recent, although they cover different periods of time as they come from various sources. It is difficult to know the extent of the impact particulate pollution makes as health in Wokingham is so good compared to elsewhere.

- 6.3% of Wokingham CCG's population have asthma recorded on a GP register(17).
- Modelled estimates indicate that 11% of children (under 19) in the CCG have asthma(18, 19).

- In 2016/17, Wokingham CCG had 44 emergency admissions for asthma in under 19 year olds. This was a rate of 110 per 100,000 population, which was significantly better than the England rate of 166.
- 1.0% of Wokingham CCG's population have COPD recorded on a GP register, although 2.4% are estimated to have the condition(17). Modelled estimates indicate that 0.42% of under 19s in the CCG have COPD, which is approximately 164 children.
- In 2014-16, 78 people aged under 75 died from a respiratory disease in Wokingham, which is a rate of 19.4 per 100,000 population. This is significantly lower than the England rate of 33.8.
- In 2016/17, there were 484 admissions for coronary heart disease in Wokingham CCG. This was a rate of 326 per 100,000 population, which was significantly lower than the England rate of 515.
- In 2016/17, there were 207 admissions for stroke in Wokingham CCG. This was a rate of 141 per 100,000 population, which was significantly lower than the England rate of 169.

Inequalities in the health impacts of pollution

Air pollution is harmful to everyone; however it does affect some groups more than others:

Age:

Air pollution affects children more than adults because children tend to spend more time outdoors and because their lungs are still developing. Air pollution also affects older people more due to age-related loss of antioxidant defence mechanisms in the lung and elsewhere, because they are more likely to have developed chronic cardiorespiratory diseases(4).

Pregnancy:

Air pollution can affect the foetus during pregnancy, either indirectly through the health of the mother, or directly by affecting developing foetal organs and systems. These effects can have a permanent influence on growth and health throughout life. The evidence of harm due to air pollution to the foetus and the young child is not as strong as it is for adults, because the topic is relatively new and has not been so heavily researched. However systematic reviews have pointed towards PM2.5 exposure leading to low birthweight and pre-term birth(25, 26). It is likely that maternal air pollution exposure interacts with other stressors in pregnancy such as poor diet, tobacco smoking and exposure to certain drugs. Moreover, the evidence for the effects of air pollution on cardiovascular disease and death in later life is very strong, so it is logical to conclude that reducing exposure to air pollution from as early an age as possible will be beneficial in order to reduce morbidity and early death(13, 27).

Deprivation:

There are well-documented inequalities in the distribution of pollutants in the UK, although the relationship with deprivation is not straightforward. In general, deprived communities live in poorer-quality environments that experience higher levels of air pollution. Deprivation has also been identified as increasing susceptibility to PM in a number of separate studies. A review by the Institute of Occupational Medicine(27) reported that poorer communities were more vulnerable to the effects of PM10 exposure, including morbidity and mortality. Other factors closely associated with deprivation, such as obesity and pre-existing cardiovascular and respiratory diseases,

also increase vulnerability. Less access to decent housing, green spaces, jobs and healthy food all contribute to poor health. These stressful conditions may also affect the body's response to air pollution(27).

Disability and long-term conditions:

DEFRA guidance advises that children, adults and older people with existing medical conditions such as cardiovascular or respiratory conditions, including asthma are more vulnerable to poor air quality.

Local air quality management

The major source of air pollutants in Wokingham Borough is road transport, and in particular the contribution from the M4 has been identified as significant. The main pollutant of concern is nitrogen dioxide (NO₂) and three Air Quality Management Areas (AQMAs) have been declared for exceedances of the annual mean NO₂ objective. These are located in Wokingham Town Centre, Twyford Crossroads and along, and 60m either side of, the M4 throughout the whole of the borough (https://uk-air.defra.gov.uk/aqma/local-authorities?la_id=318).

We have an air quality monitoring programme which is reviewed annually. We undertake nitrogen dioxide monitoring at 42 sites using passive diffusion tubes and 1 site (within the Wokingham Town Centre AQMA) using a continuous monitor. The latter enables us to measure the 1 hour exposure and annual mean concentrations of pollutants and the diffusion tubes give us an annual level. We monitor the known hotspot locations (in and close to the AQMAs) as well as locations where the levels are close to but not exceeding the Air Quality Objective levels. We are currently installing an additional continuous monitor at Twyford Crossroads.

NO₂ levels in 2017 have generally shown a decrease of 2016 levels for the diffusion tube sites. Overall the levels have been reducing over the last 5 years to 2017. The automatic monitoring unit in Peach Street Wokingham recorded a level of 38.1 µg/m³, which was not an exceedance of the annual mean NO₂ objective, although 3 diffusion tubes located within the Wokingham Town Centre AQMA showed an exceedance. There was no exceedance of the 1 hour NO₂ objective with 15 of the 18 exceedances permitted. Within the M4 AQMA, there were no exceedances of the annual mean NO₂, with a reduction in levels in Shinfield, which may be due to the new A327 road layout.

Analysis of Issues

What Wokingham Borough Council is doing about air quality and its impact on health

1. The Air Quality Action Plans for Twyford and Wokingham AQMAs were developed, including consultation and a Stakeholder workshop, in 2017, and the final Plans were agreed and published in March 2018.
2. Consideration of air quality comes in early in the design and master-planning stage of new developments and the Council's Development Management staff work with developers to ensure that the infrastructure: estate layout, provision and siting of pedestrian (including people requiring mobility aids) and cycle routes, crossings and space for bus stops will maximise people's ability to get around without generating pollution.

3. In addition to the hard infrastructure, measures to promote alternatives to the car are also part of development. Developers must pay £450 per new house to support the new residents to use alternatives to the car. The provision of local information (Welcome Packs) containing site specific travel information and incentives for “active travel” and use of public transport (e.g. free bus pass for a week). This work is branded as “My Journey” - Your one stop destination for travel information and advice in and around Wokingham borough: <http://www.myjourneywokingham.com/>
4. The 2018 Annual Report of the Director of Public Health this year is called “Creating the Right Environments for Health” and as well as giving an attractive overview of the topic with local examples, it provides a comprehensive review of the evidence to date on the impact of the natural environment on health. Its recommendations include that:
 - i. Local authorities and other agencies should continue to encourage community initiatives that make the most of natural space available, with the aim of improving mental health, increasing physical activity and strengthening communities.
 - ii. Existing green space should be improved and any new developments should include high quality green spaces. The use of professional design and arrangements to ensure the ongoing management of natural environments should be considered if spaces are to be sustainable.
 - iii. Opportunities to increase active transport should be considered when designing new green spaces and in the improvement of existing space
5. Local arrangements for Heatwave management include the sending of messages to at-risk groups to provide advance warnings for hot weather and severe heatwaves and associated poorer air quality.
6. The Local Transport Plan development considers how to reduce air pollution by reducing traffic, but smoothing traffic flows, as start/stop driving worsens air quality. The measures described above for new developments need to be incorporated into existing communities where possible. These and other measures are needed to bring about “modal shift” – i.e. getting fewer journeys made by private car.
7. The Health and Wellbeing Strategy 2017 – 2021 aims to create resilient communities, improve mental health and reduce health inequalities – actions to increase physical activity and get more of the population to make journeys by active travel will help improve air quality.
8. The “Mode Shift Star” scheme has been taken up by the majority of the borough’s schools. (Schools are no longer required to produce School Travel Plans). On the achievement of “stars” bonuses of up to £2,000 are awarded.
9. Continue and expand the continuous and passive air quality monitoring programmes.

More work needed:

- Improve the local population's knowledge of the impact of air pollution on health and to raise understanding that improving air quality would help to improve healthy life expectancy and reduce early death from cardio-respiratory diseases.
- Shift population attitudes from thinking of the car as the first choice of transport.
- Expand personalised travel planning
- Check that those members of the public particularly susceptible to air pollution such as those with asthma and chronic obstructive pulmonary disease (COPD) understand what to do (requires an audit) (26).
- Encourage schemes that recognise excellent levels of environmental and energy saving performance for the vehicles that operate within their area.
- Introduce intelligent transport systems that maximise the efficiency of the highway network and also give real time information on traffic delays and journey times, car parking availability, and bus arrival times; together, these allow people to make better informed travel choices and also reduce traffic emissions – potential for SMART city.
- Encourage the use of vehicles with 'cleaner' fuels such as petrol or LNG rather than diesel.
- Install electric vehicle charging points.
- Promote energy efficiency and sustainable transport to businesses in the borough.

| |
|---------------------------------------------------------------------------------------------------------------|
| Partner Implications |
| Item for discussion only, and committee may choose to take further action which could have wider implications |

| |
|-----------------------------------------------------|
| Reasons for considering the report in Part 2 |
| N/A |

| |
|----------------------------------|
| List of Background Papers |
| None |

| | |
|----------------------------------------|-----------------------------------------------|
| Contact Julie Hotchkiss | Service People Commissioning |
| Telephone No Tel: 0118 974 6628 | Email julie.hotchkiss@wokingham.gov.uk |

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Your care, your voice

Annual Report 2017/18

Highlights from our year

This year at least **43** services have made changes as a result of our recommendations



We've reached over **half a million** people on social media



We've recorded **389** experiences from Wokingham Borough residents



Our **40** volunteers contributed over **264** hours - worth **£198,095***



We've made **74** visits to local services



Our reports tackled issues ranging from **dementia** to **hospital discharge**



Hello

Hi

Our helpdesk took **129** calls averaging **45** mins each

We've given **229** people information and advice



Who we are



Healthwatch with the winning group of pupils from Bulmershe School, Worlds of Opportunity(WOOP) event

Healthwatch Wokingham Borough supports local people to have a say about health and social care services. We work with services to make them better.

We want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area of England. Healthwatch England make sure that the government put people at the heart of care nationally.

How do I benefit from what Healthwatch does?

- You can speak to us about what you think of local services - good or bad.
- We are interested in everybody's views, from all parts of the community.
- Where possible, we will let you know when changes are planned to services in your area, and help you to have a say.
- You can ask us for information about health and social care services available locally.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

Why should I get involved?

Speak to Healthwatch Wokingham about your experiences of any NHS or social care service, and help make them better for you, your friends and family. It's easy to get in touch - you can phone, email, chat online, or meet us in person. Just a few moments of your time could make a big difference.

"I'd like to thank Healthwatch Wokingham. You helped arrange a meeting with the clinic, who apologised for my bad experience and made changes as a result. And I'm now connected into carers' services and the assessment team."



Your views on health & care



Listening to people's views

We provide an impartial, free, confidential and independent advice, information and signposting service to deal with health or social care issues for anyone living in Wokingham Borough.

We have a telephone helpdesk that you can call on **0118 4181418** or you can speak to a Healthwatch officer in the community.

This year over **229** people were directed to the right information, service or agency. This includes **129** calls to our helpdesk. The average time spent on recorded calls, including research was over 45 minutes. The longest time spent on a case was over two hours.

Making sure services work for you

We visited over 75 services including

- Berkshire Care Home
- Suffolk Lodge
- Belamie Gables
- Down Lodge
- 4 Extra Care schemes
- Prospect Park Hospital
- Frimley Hospital



Our visiting team members include Jane Lord, Roger Kemp, Rebecca Day, Pauline Manser, Jenny Gilbert, Susan South, Patricia Harcourt, Ulla Isaksen, Margaret Campbell White, Nick Campbell White, and Tony Allen. We offer regular training on Enter & View, dementia awareness and mental health first aid.

Case Study: Getting mum a flu jab

Mrs K contacted us. She is a carer for her mum who has dementia and refuses to leave their home. Mrs K wanted to arrange a flu jab for herself and her mum at home. She spoke to her doctor on three occasions over three months but no progress was made. Mrs K was becoming weary with the effort and worried about the implications should either of them catch flu. Healthwatch Wokingham liaised with the GP surgery and district nurses to explore the breakdown. Mrs K and her mother received their flu jab at home within a week.

Case Study: Prescription charges

Previously, GPs could prescribe people with coeliac disease 'units' of gluten-free food to help manage their condition. In 2018, Wokingham Clinical Commissioning Group (CCG) launched a consultation about providing gluten-free food on prescription. Healthwatch Wokingham encouraged local residents take part in the consultation, and we met with a local coeliac group. We raised concerns with the CCG about how changing the policy would affect the health of people on low incomes unable to afford gluten-free products in the shops. However, from February 2018, gluten-free products were removed from prescriptions.

Community Research Projects

Following the success of our previous Community Research Project schemes, we opened the fund again this year to encourage to new ways to explore people's experiences of local health and care services and improve wellbeing in the community.

We funded five initiatives. We have shared their final reports with relevant organisations and we are working to ensure these vital voices are heard by the decision-makers and that they make a difference.

Wellbeing in Wokingham event

Brighter Berkshire is a community-led year-long initiative which aims to reduce stigma about mental health and improve local opportunities.

Their award funded an event aimed at reducing stigma around mental health.

Over 80 members of the public enjoyed 20 stalls, speakers, and musical performances. Attendees highlighted the need for holistic care and we fed this back to support the Council's commissioning plans for a Recovery College.

"It was seriously enlightening and to be honest I am feeling more positive about the resources and support out there."

Deaf Positives' accessibility investigation

We wanted to find out how effective organisations had been at implementing the new legislation Accessible Information Standard, particularly in relations to Deaf People.

Healthwatch funding enabled a user-led organisation called Deaf Positives to visit 34 health and care settings, carry out an online small-scale survey, and conduct a focus group with three Deaf service users to capture specific examples.

Most staff were friendly and welcoming towards our Deaf mystery shoppers. Yet we were disappointed to find organisations in general seemed ill-equipped to meet their information and communication needs.

The exercise revealed four key deficiencies and we made six recommendations to improve the situation. We produced two factsheets at the request of a care organisations outlining good practice for front line staff.

LINK Visiting Scheme Community Kitchen Project

The main focus of the Community Kitchen Project was to alleviate the impact of loneliness and isolation for older people which can cause feelings of loneliness, anxiety and depression. Being lonely can affect lifespan and is equivalent to smoking 15 cigarettes a day

40 people were invited to attend. The LINK specifically invited older people who struggle on a Sunday with no family or friends. They grouped people on tables and facilitated conversation.

Each session has included whole family groups, ages ranging from 8yrs to 100yrs! The children enjoyed playing games with older people, doing some easy cooking projects such cookie-baking, and entertaining everyone with their musical skills. Time was set aside to discuss health and social care in Wokingham Borough and the results were passed to Healthwatch Wokingham.

Unlock Your Wellbeing tea parties

Another Community Research Project was carried out by Unlock Your Wellbeing who delivered wellbeing workshops in Shinfield, the first with a small group of mums struggling with their wellbeing and their babies. The second workshop was for a small group of elderly Shinfield residents, who really enjoyed the session on Happiness - a lively discussion was had, and they commented that it enabled them to talk about things they didn't usually discuss.

A third workshop was held at Alexandra Place (Extra Care Living) in Woodley. There were three sessions - Happiness, Wellbeing and Resilience, attended by 40 people in total. Participants enjoyed a fun slant on topics which - again - were unusual for them to discuss, and many commented that they would be trying the strategies introduced and change their focus.

Weekly blog and newspaper column

Our Wokingham Times blog offers us the opportunity to communicate - online and in print - with Borough residents on a regular basis. In many cases people get in touch with us as a direct result of reading our blog on a specific topic.



Making a difference



Creating Dementia-friendly environments

We wanted to capture the experiences of people living with dementia so we would be better able to champion their rights and preferences.

We worked in partnership with **Suffolk Lodge Care Home** to observe the physical environment to test how dementia friendly it was, identify key features that can be applied in order to help the person living with dementia live well and experience as much independence as possible. The manager welcomed our recommendations and has invited us back next year to assess the environment again.

Extra Care environment

We interviewed residents, staff and family members at the 3 existing extra care homes in order to make recommendations for the 2 new facilities being built in 2017.

All 6 of our recommendations have been considered by **Optalis** and actions have been taken to ensure each one is addressed.

People's experiences of leaving hospital

Working in partnership with neighbouring Healthwatch organisations, we surveyed people who had been in hospital to share their experience of being discharged. 114 people responded.

We identified good practice, particularly in relation to staff being kind and treating people with dignity and respect.

We also identified several areas that should be reviewed, such as

- the implementation of electronic record-keeping to improve communication
- how medications are written up by doctors and the use of pharmacy runners to speed up medication collection on discharge
- how Care Coordinators lead discussions about care at home, and how involved a person is in their care plan.

“Discharge delays due to the pharmacy are a frequent problem. I have on previous occasions been told to go home and return the next day (a return trip of 30 miles) to collect drugs. “

Royal Surrey County Hospital feedback

Royal Berkshire Hospital and volunteer drivers

Every day, Wokingham Transport Scheme volunteer drivers take vulnerable elderly and disabled residents to appointments at the Royal Berkshire Hospital.

Healthwatch Wokingham is working with one of the drivers and the Trust to explore possible ways that volunteer drivers might be used as a resource by the hospital to help with getting people home safely following discharge.



How your experiences have helped us influence change

Updating online information

Many people tell us how they are not able to find the information they need on websites.

We raised this with **Berkshire Healthcare Foundation Trust** who explained that they relied on individual services to ensure the details on their website was up to date. However, based on our feedback, they realised this was not enough and decided to conduct an overall check every six months.

Supporting our carers

Wokingham Borough Council asked us to produce a **GP Carers Toolkit** for use by GPs. Almost 14,000 people in the Borough (that's 9% of the population) identify themselves as an unpaid carer. Unpaid carers save the state huge sums of money. GPs often say that people don't disclose their caring role, but known carers sometimes say they haven't been offered help. The toolkit contains information and resources for carers, reminding GPs of the importance of identifying carers as well as making it easy for them to pass on details of support available.

“It wasn't until recently that I realised that I could be entitled to extra support as a carer. I've cared for my husband for years but no one told me before. My GP was aware that I look after my husband. If you don't have informationthen you will never know what support you can get.”

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Influencing inspections

Monthly teleconference calls with the various **Care Quality Commission** Lead Inspectors have provided an information-sharing channel. Intelligence we have forwarded to the CQC has shaped their inspections.

Sharing experiences of Prospect Park Hospital

The six Healthwatch in Berkshire worked together to make 11 visits over the course of one week, twice a day to 5 wards, speaking to 41 inpatients at the main hospital for **people with mental health conditions** in Berkshire.

We wanted to capture the experiences and views of some of the least-heard, vulnerable people from our community. We wanted to hear what matters most to them, capture suggestions for improvements, and highlight examples of good practice.

Staff attitude, care and friendliness was the most common response from patients asked to identify one good thing about the hospital. More staff was the improvement most suggested by patients.

Berkshire Healthcare Foundation Trust described the report as informative and responded to each recommendation. Healthwatch are pleased to hear that a clinical review forum has been implemented between Crisis Resolution, Home Treatment Teams and Community Mental Health Teams for patients who have had multiple admissions.

Highlighting mental health

We have supported the formation of **Wellness in Wokingham Action Group** (WIWAG) who want to promote good communications across the Borough around mental health and wellbeing. The official launch of this group will coincide with World Mental Health Day in October 2018.



Our People



Decision making

Decisions about Healthwatch activity are made in an accountable, open and transparent way at Board meetings which are held in community venues throughout the Borough and are open to the public.

Healthwatch Champions

We have over 40 Healthwatch Champions volunteers who enable us to be at many more events. They also share feedback about health and social care services from their personal networks in their communities. Our champions were involved in a variety of ways including visiting services; leading research projects; and being health and care ‘mystery shoppers’. Some received extra training to become Enter and View authorised representatives.

“I enjoy gathering information online and working on my own initiative to organise it. What motivates me is my accuracy and presentation of my work.”

Healthwatch volunteer Muriel Longhurst

Brighter Berkshire Bus Tour #WMHD 2017

Healthwatch, Brighter Berkshire & Optalis Supported Employment Service hired a minibus and spent World Mental Health Day travelling to locations around the Borough. We talked to residents about mental health, handed out leaflets and signposted to local and national organisations.

Berkshire Care Home

In our visit to Berkshire Care Home we heard from residents, family members and the manager about the difficulty in accessing local NHS dentists, particularly for those who have mobility issues. Many dentists do not have hoists to move patients from wheelchairs into the dental chairs.

As a result, there is a concern that not all residents are having regular check-ups. Healthwatch Wokingham has been working to highlight the issue and liaising with the manager who has been trying to resolve the issue.



Roger’s story

Roger has been volunteering with Healthwatch since 2013.

“I’ve really enjoyed volunteering and being able to reach out to vulnerable people who are left behind in our society; listen to their experiences; and enable their voice to be heard by decision-makers.

“Being able to talk with the Chief Executive of the Royal Berkshire Hospital about how volunteers might be used in order to help people get home from hospital is really exciting.”

Who we've worked with

Wokingham Borough Council

- Health & Wellbeing Board
- Health Overview & Scrutiny Committee
- Wokingham Integrated Strategic Partnership (WISP)
- Community Health And Social Care Steering Group (CHASC)
- Strategic Partnerships
- Providers Forum
- Safeguarding Boards
- Voluntary Sector Recommissioning workshops

Berkshire Healthcare Foundation Trust

- Patient Engagement Group
- CAMHS participation group
- Patient Led Assessments of the Care Environment (PLACE)
- Comment on Quality Account

Royal Berkshire Hospital

- PALS liaison
- PLACE assessments
- Comment on Quality Account



Other Healthwatch

- East Berkshire Group
- West Berkshire Group
- Thames Valley Group

Healthwatch England

- Communications Working Group
- Thames Valley Networking Group
- Escalating issues & insight

Community & Voluntary Sector

- Twyford Village Partnership Health Group
- Community Navigators
- Wellness in Wokingham Action Group
- Voluntary Car Drivers Forum
- SEAP Advocacy

Berkshire West CCG

- Governing Body Meetings
- Quality Meetings
- Better Care Fund
- Joint Primary Care Co Commissioning
- Priorities Committee
- Integrated Care
- Future In Mind Group

GP Alliance

- Patient Participation Groups

Frimley Health Foundation Trust

- Patient Information Group
- Patient Experience Group
- PLACE assessments
- Comment on Quality Account

Other NHS

- Thames Valley Strategic Network
- Quality Surveillance Group
- Planned Care Group
- NHS 111
- Thames Valley Clinical Senate



Our finances & future plans

Healthwatch Expenditure

The total expenditure for the financial year was £107,677. The funding comes from Wokingham Borough Council.

| Income | £ |
|----------------------------------------|---------|
| Funding from Wokingham Borough Council | 107,677 |
| Other income from NHS | 0 |
| Total income | 107,677 |

Over 85% of our costs are fixed and just over 10% is discretionary for us to use on project work and promotion.

Healthwatch will continue to ensure that value for money is achieved in undertaking all its activities.

Plans for the year ahead

1. Supporting you to have your say
2. Providing a high quality service
3. Ensure decision-makers listen to your views to help improve health and care

Final word from our Chair

And after five years, have we fixed everything? Of course not. But have we changed things? Yes we have.

We've been able to voice the concerns of Wokingham residents and get changes made. These stories continue to appear in all of our reports and campaigns and research. And along the way we are able to compliment and acknowledge great health and social care as well.

These days not even Parliament seems to last five years. But I'm pleased to say that Healthwatch Wokingham Borough has gone through that barrier. Without being too clichéd, we build upon our success, and this is down to our team of staff and volunteers.

This annual report provides a snapshot of the high quality service that we deliver, we have engaged with hundreds of residents, listening to what you have to say and ensuring that your voice at the forefront of services, decisions and improvements.



Our work programme for 2018/19 is challenging but will focus on areas of care which have not been scrutinised recently.

I would like to thank our Board members, volunteers and staff in advance for their support and dedication in carrying out our ambitious work plan.

Jim Stockley, Chair

A large, stylized handwritten signature in black ink, which appears to be 'Jim Stockley'.



Contact us

Healthwatch Wokingham Borough Community Interest Company
Registered Company (08561195)

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Our partner organisation (sub-contractor):

Name: Help & Care
Registered Address: 896 Christchurch Road, Bournemouth BH7 6DL



About this report

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Berkshire West Clinical Commissioning Group, Health Overview and Scrutiny Committee, and Wokingham Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2018/19 from June 2018

Please note that the work programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|--------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------|
| 17 September 2018 | Sustainability and Transformation Plan (STP) Update | To be updated on the progress of the implementation of the Buckinghamshire, Oxfordshire and Berkshire West STP | Update | |
| | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | Democratic Services |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|------------------------|--------------|--------------------------|---------------------------------|----------------------------------------------|
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| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|-------------------------|------------------------------------|----------------------------------------------------------|---------------------------------|----------------------------------------------|
| 19 November 2018 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | Democratic Services |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|------------------------|------------------------------------|----------------------------------------------------------|---------------------------------|----------------------------------------------|
| 21 January 2019 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | Democratic Services |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|-----------------|---------------------------|-------------------|--------------------------|---------------------------------------|
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|---------------------|------------------------------------|----------------------------------------------------------|--------------------------|---------------------------------------|
| 6 March 2019 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | Democratic Services |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

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Currently unscheduled topics:

- Draft Quality Accounts (April 2019)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust

- Update on work of Clinical Commissioning Group
- Weekend 'bed blocking'
- Progress of Community Health and Social Care implementation
- Suicide Prevention Strategy implementation (include progress of Wokingham action plan)

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Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission

- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DNACPR** - Do Not Attempt Cardiopulmonary Resuscitation
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EOL** – end of life care
- **EPR – Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GOS** - General Ophthalmic services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit

- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services

- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.

- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **SUSD** – Step Up Step Down
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost

- **YPWD** - Younger People with Dementia
- **YTD** – Year to date